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PREFACE

BLINDNESS 1971 is the eighth issue of an annual published by the American Association of Workers for the Blind under a training grant from the Vocational Rehabilitation Administration, Department of Health, Education, and Welfare. It is our plan to provide a forum for important and timely articles—with depth—in our own field and in related fields. Experts in the many categories of work with blind persons will be commissioned to conduct the essential research and prepare the articles so that their continuing value will be assured.

Copies of BLINDNESS 1971 are distributed to members of the Association as a function of membership. The Library of Congress, Division for the Blind, will make the annual available for regional libraries in both braille and recorded form.

BLINDNESS 1971

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*Both Richard Kinney and Robert Smithdas are, at present, without sight or hearing.

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REVEREND THOMAS J. CARROLL

A Tribute

Father "Tom" Carroll, whose untimely death on April 24th has saddened the entire field of work for the blind, was an early friend of the BLINDNESS ANNUALS of the American Association of Workers for the Blind. When he was a member of the National Advisory Council of the Vocational Rehabilitation Administration, he presented and moved support of the project grant through which the Annuals were launched. Professor Donald Blasch's article in this issue also mentions the "Gloucester Conference" on mobility in 1953, arranged by Father Carroll, his sister Mrs. Robert Callahan, and their neighbors in their homes at Gloucester, Massachusetts. This gathering was the essential link between the War Blind and civilian programs of orientation and mobility, always called peripatology *by Father "Tom". These are two of the many aspects of work for the blind in which his influence continues to exert itself with vigor. His book "Blindness—What It Is, What It Does, And What To Do About It" has become a standard text in university courses on blindness and is now available in a paper back edition. One of his most enduring legacies was the ecumenical spirit with which he put "all" into the name of his Catholic Guild for* All *the Blind at Newton, Massachusetts.*

May his many accomplishments for the blind insure the immortality of his influence.

POETRY

Richard Kinney *Robert Smithdas*

INVITATION

Through rain and rainbows let us walk
And pause and ponder as we talk
Of beauty, burning like an ember,
That you see . . . and I remember.

Let us lean against the sky
Westward where the echoes die,
Each sound that your quick ear gives
Sifted for me through silent sieves . . .

Once on a sunshine-dappled day,
I heard a blind girl, musing, say:
“I cannot see the stars but I
Enfold within my soul a sky!”

So if a sky enfolding you
Bends close about us, then we two
Walk with a sky within, without . . .
Heaven’s about us, *all* about!

And every bird-enchanted breeze
Gathers us treasures from the seas!
And every flower from the life-lush sods
Fountains us nectar from the gods!

Dream upon dream, our pulses beat
With dust and stars beneath our feet—
With stars and dust that, overhead,
Beckon to worlds unlimited . . .

RK

LITTLE THINGS

Progress begins with small beginnings. A single seed of truth can sprout a whole philosophy, just as a single kernel of corn may grow into the fields that provide strength and prosperity for a fledgling nation for centuries. And most of these small beginnings, in our world of human civilization, had their births in the dreams of their Creators.

An acorn holds a towering oak;
And in a tiny, withered seed
A thousand summer roses sleep;
A wisp of shaggy cloud may hide
The gathered fury of a storm;
And from a single tick of time
A whole eternity is born.

And one man with a consuming dream
Can shake an empire to its roots,
Or dare the splendor of the stars;
Or with one sudden thought, begin
The wisdom of immortal books,
Hew sculptured beauty from rude stone,
Turn silence into deathless song.

RS

WE TOO, LEONIDAS

The prize of struggle is not victory;
Defeat, the dying trumpet, banners bowed
Across the awful sunset of our hopes—
These, even these, pang dearer than high chant
Of resignation by pagoda walls.
The heaven born within us is our hell
Only when hell without seems heaven enough. . . .
Futility, futility! Mark how
The chant, the cant, the doubt-redundant phrase
Of sinking Peters in our Galilee
Bear witness, deep as bathos, to our shame. . . .
Stand up! Strike forth! Flaunt spears of
        courage high!
To dare is half the doing of the dream,
Whose dreaming lights the crannies of the world. . . .
Life lives for joy in striving: face the foe!
Victorious or vanquished, we have won.

RK

DREAMERS

We built the world's great cities with our dreaming;
For out of our dreams sprang Nineveh and Tyre,
Carthage and Rome, with towers and spires gleaming
Beneath their guardian stars' reflected fire.
We sang beside the streams of Babylon,
And from our throats immortal music poured
Down through lost centuries, and lingered on
While empires fell away with flame and sword.

Heroes were born of us: prophets like Moses;
Poets and scholars, and soldiers of might;
Our dreams of peace are filled with wine and roses,
Our dreams of battle thunder day and night:
And where we pass, our shadows cast their gleams
Into the glory of still greater dreams.

RS

THE DEAF-BLIND CHILDREN

(A tribute to Anne Sullivan Macy.)

No song their mothers sang when they were young,
No oriole fluting from the leaf-hung bough,
Nor any syllable of any tongue,
Nor natural song of speech, can reach them now.
No light of long-remembered summer moon,
Nor sunset, with its banners, marching west,
Nor radiance of rainbow, glint of noon,
Can pierce that dusk whereof they are possessed.
Yet these are LAUGHING children and their blood
Throbs with the lilt of springtime, leaps to know
The swift, ecstatic moment: life is good!
They walk with hope to greet it as they grow.
Because you lived, Wise Teacher, love shines here,
And minds, attuned to knowledge, learn to hear.

RK

REMEMBERED SONG

In a lull of a storm I heard
The clear, wild trill of a bird,
Singing alone from a thicket of tall dark trees;
And in the stillness its gallant treble stirred
My heart with a strange peace.

Spontaneously and loud,
It burst through the mist and cloud
Like a sudden pledge of a new and glorious day;
And each courageous note rang strong and proud
Over a world of gray.

Then the thunder rolled again,
And a torrent of wind and rain
Rushed down from the sky, and its song was
    lost in the night:
But in my heart the echo of its refrain
Sang on with new delight.

And still it sings through the strife
And the turbulent storms of life,
Through the mists of gloom, and the sorrowful
    days I know,
As the bird sang out, with hope as keen as a knife,
So long, long ago.

RS

ORIENTATION AND MOBILITY FANS OUT

*By Donald Blasch**

Previous issues of the A.A.W.B. *Blindness Annual* have treated the beginnings of orientation and mobility training at Valley Forge Army General Hospital, in "The Valley Forge Story" by R. E. Hoover, M.D., 1968; the transfer to the Veterans Administration Hospital, Hines, Illinois in "From Valley Forge to Hines" by Warren Bledsoe, 1969, and the development of the Hines program in "The First 15 Years at Hines" by John Malamazian, 1970. A general view of the subject by Martha J. Ball Rosemeyer appeared in *Blindness 1964.* Full documentation of the teaching system begun by Hoover requires a description of action and events by which it fanned out to agencies beyond the Veterans Administration system.

Enough has been written, perhaps, concerning Hines as a culture for orientation and mobility. However, the degree to which it accumulated respect during the 1950's may be further illustrated by the stream of visitors – observers from work for the blind – who made arrangements to view the program at first hand for several days or weeks. Significant among these were Mr. William Champion (1950) and Mr. Frederick Silver (1952) from the Catholic Guild For All The Blind, then in Boston, Massachusetts; Miss Anta Ryman from the School for the Blind in Stockholm; Mr. Albert Ascenjo from the American Foundation for the Blind (1953); Dr. William Thompson from the Blinded Veterans Association (1954); and Mr. Carl McCoy from the Kansas Rehabilitation Center (1956). There were many more. These visits served chiefly to whet the appetites for a much more thorough indoctrination and training. Often the agency heads who had arranged for their staff to go to Hines had hoped they would return, having mastered whatever techniques were in use and could without undue effort mold them into the agency program. Almost invariably these hopes were doomed to disappointment. A healthy unrest about the exacting nature of the necessary background and skills for teaching orientation and mobility thereby was generated and slowly spread in work for the blind.

This unrest culminated in a conference held at the American Foundation for the Blind in June 1959. The catalyst for the conference was Father Thomas J. Carroll, supported by Mr. Louis Rives, Chief of the Division of Services for the Blind, Office of Vocational Rehabilitation, Washington, D. C. The purpose of the conference related to the prospect of professional preparation of orientation and mobility personnel: to establish criteria for the basic selection of orientation and mobility personnel; to develop a well balanced curriculum, and to recommend length of training and appropriate sponsorship.

The conference coordinator was Arthur Voorhees, American Foundation for the Blind; conference recorder was C. Warren Bledsoe, Assistant Chief, Division of Services for the Blind, O.V.R.; and the conference secretary was Helen Isaac. Conference participants included educators of the blind, directors of rehabilitation services, practitioners in orientation and mobility, and Mr. William Debetaz, Vice-President of The Seeing Eye, Inc. The following speakers addressed the conference: M. Robert Barnett, Executive Director, American Foundation for the Blind; Kathern F. Gruber, Director, Division of Research and Specialist Services, A.F.B.; Dr. Richard Hoover, Ophthalmologist, Baltimore, Maryland; and Dr. Frederick M. Jervis, Director of Counseling, University of New Hampshire.

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*Mr. Blasch was assisted in the research for this paper by Ruth Kaarlela.

It was the consensus of the conference that it would be very necessary for mobility instructors to have a graduate training period of at least one year in an established and recognized setting. Practitioners at the conference, without animus, declared they could not support the training of mobility instructors on a short-term basis, however concentrated. Necessary emotional conditioning was so intricate a process, the ingraining of principles through time-consuming laboratory experience so necessary, that the needs of the situation could not be met in a compressed teaching program of two weeks, two months, or even four months.

This stand gained something from its relation to a second point which was firmly made by the majority of the group. This was that the teaching of mobility was a task of a sighted, rather than a blind individual. Aware of the fact that this was opposed to classic theory of pioneers in the field, the great majority of the conference maintained that all experience indicated a revision of the theory. When discussion had established this principle, the need for a year's training gained substance, as the necessity for practical laboratory experience was taken into account. Obviously, the demands of the situation would be a deep identification with blindness and something of what it entailed on a basis so intimate and particular that the instructor would gain the habit of thinking all the time about how to manage problems of living without sight. This would entail living through a number of stages of identification while acquiring techniques.

It was concluded that the following standards should govern the selection of personnel: 1. Academic – Bachelor's Degree, majors preferably in Education, Biological Sciences, Psychology or Sociology. 2. Physical – (a) Vision – no visual impairment not correctible to 20/20; no errors in the vision under all common circumstances, and no evidence of pathology contributing to progressive deterioration; (b) Hearing – normal; (c) Physical condition – good. 3. Personal characteristics – a character capable of meeting the demands of emotional stresses in a creative, realistic and optimistic way appeared to be the consensus.

It was recommended that five broad areas of study be included in the curriculum. This included, (1) Physical orientation and mobility; (2) Dynamics of human behavior related to blindness, (3) Function of human body in relation to blindness, (4) The sensorium and its relation to blindness; and (5) Cultural and psychological implications of blindness. The entire learning process should be geared to real life situations through concurrent laboratory experiences and clinical practice. Physical orientation and mobility were to be conducted on a one-to-one basis with a master orientator.

Later that year, at a meeting of National Council of State Agencies for the Blind, a report of the Orientation and Mobility Conference was given. It was positively received. Subsequently, Mr. Rives announced that O.V.R. would support the establishment of such a program.

John Malamazian (1970, p. 75) referred to the establishment of graduate training for Orientation and Mobility Instructors as the "landmark event in the story of Hines." This was indeed a landmark event in all work for the blind. It brought to the field a degree of professionalism that was unique and certainly long overdue.

The Peripatology Program at Boston College was inaugurated in June, 1960. Much of the credit for the establishment of this program belongs to Father Thomas Carroll. Hines personnel were not available at that time, and Father Carroll generously allowed members of his own staff to serve on the faculty. The program coordinator was Joseph M. Runci. In charge of the orientation and mobility aspects of the curriculum was Frederick A. Silver, on leave from St. Paul's Rehabilitation Center. He was assisted by Bernard E. Hickey. Dr. John Eichorn was appointed coordinator in 1962. The program began with eight students.

This was followed by the establishment of an Orientation and Mobility Specialists program at Western Michigan University in June, 1961. Dr. George G. Mallinson, Dean of the College of Graduate Studies, who had long been interested in the establishment of this type of program, had been working closely with the Division of Services to the Blind, O.V.R., and the Veterans Administration. Securing qualified personnel had been the major obstacle. He finally secured Donald Blasch, operational assistant of the Central Blind Rehabilitation Center at Hines, as director, and Stanley Suterko, supervisor of orientation and mobility, as chief of orientation and mobility. Mr. Lawrence Blaha, assistant supervisor at Hines, was also part of the staff. The program began with twelve students.

Throughout the process of establishing the programs there was excellent cooperation between the officials of the schools involved and the personnel from the Division of Services to the Blind of O.V.R. They in turn received a great deal of support and encouragement from Mr. Russell C. Williams, chief of the Blind Section, Physical Medicine and Rehabilitation Division, and other personnel from the Veterans Administration. Without all of their enthusiastic and dedicated support this venture may have been delayed for many more years.

Coincident with the evolution of the educational programs, an integrated cluster of R.S.A. projects supporting orientation and mobility training for blind clients of rehabilitation services enhanced the breakthrough in three ways: (1) by demonstration of the clear-cut value of the methods which were carried to the grass root programs; (2) by the development of an equally clear-cut relationship between the research and demonstration programs and the personnel training program of R.S.A., and (3) by the high level of cooperation with other government agencies and voluntary organizations for the blind.

One of the pilot demonstrations was carried out by the Society of St. Vincent dePaul of St. Louis, in 1962. Guidelines were issued in 1963, by R.S.A.,* stating the objectives of the projects as follows:

General

1. To re-emphasize the basic mission of work for the blind, namely, to discover how things are done without sight and make these methods available to blind people who need them.
2. To establish a means of demonstrating to the field validated skills in mobility which have lately been organized.

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*Formerly O.V.R.

Specific

1. Through systematic teaching by a competent, trained instructor, to show blind people themselves the possibilities of cultivating maximum capability in getting about without sight, thus helping them to discover and capitalize on latent aptitudes in mobility skill and become as free as possible to come and go.
2. To give key officials who make decisions with respect to programs for blind people, as well as working practitioners functioning in direct personal contact with blind people, a realization of the increased capability which can be achieved through the above-mentioned type of instruction.
3. To implement the demonstration project by the employment of a fully qualified instructor, either from one of the two university training courses in mobility, or an instructor with five or more years of experience at a recognized training center working full-time as a mobility instructor.

Since 1963, thirty demonstration projects were carried out – in 22 states – and the District of Columbia:

Arkansas – 1
California – 3
District of Columbia – 1
Florida – 1
Georgia – 1
Illinois – 3
Indiana – 1
Maryland – 1
Massachusetts – 1
Michigan – 2
Minnesota – 1
Missouri – 1
New Hampshire – 1
New Mexico – 1
New York – 1
North Carolina – 1
North Dakota – 1
Ohio – 2
Rhode Island – 1
South Dakota – 1
Tennessee – 1
Texas – 2
West Virginia – 1

The supporting agencies included public and private agencies for the blind, as well as residential schools and public and private day schools.

One of the greatest unsuspected sources of employment was the residential and day school programs for blind children. Initially, the programs were set up to train students primarily to work with the productive blind adult population. At workshops, conducted by Hines personnel, it was discovered that many of the techniques employed were equally applicable to blind children. Although the skills and techniques were basically the same, the methods of presentation, the building of experiences and concepts that correlated with the reality of the environment and, in many cases, corrective exercises to improve gait, posture and body image were necessary to ensure a meaningful orientation and mobility program for the blind student. Much of this was substantiated by an R.S.A. demonstration grant to Catholic Charities, Archdiocese of Chicago, in 1962. This program was directed by Miss Marian C. Quinn, Director, Department of Vision and Hearing Services, and Mr. Robert Gockman was the mobility instructor. Educators of blind children were eager to secure this type of service as it appeared to help fill a large void in the education of the blind student. At the present time almost all colleges and universities training teachers for blind children have a course in orientation and mobility for the classroom teacher. Approximately forty-five percent of the graduating orientation and mobility instructors were being hired by residential and day schools.

The interrelated performances of the instructors and the success of the learners in the demonstrations produced a demand for orientation and mobility instructors from rehabilitation centers, private and state agencies for the blind, residential schools, special classes and school systems. The programs of professional preparation were not able to meet the demands.

Consequently, in cooperation with R.S.A., the School of Rehabilitation Counseling, Richmond Professional Institute, sponsored an "Ad Hoc Committee Concerned with Mobility Instruction for the Blind" meeting in Washington, D. C., April 18-20, 1966. The purposes of the meeting were:

1. to review and evaluate existing training programs for mobility instructors,
2. to explore ways to recruit and train more young people for the field of mobility instruction,
3. to make recommendations for future training programs.

A total of forty persons, representing R.S.A., Office of Education, the Veterans Administration, Richmond Professional Institute, private agency and state agency administrators, residential school personnel and the spectrum of educators, were in attendance.

Miss Mary E. Switzer, then Commissioner of the R.S.A., identified the major problem as the need to acquire the largest number, the most talented, and the best trained mobility instructors in the shortest period of time. She urged greater use of new resources, scientific research and technology, as well as more effective use of our current knowledge and skills to insure that each blind person in need of mobility instruction could be trained to get about as efficiently and safely as possible.

This Conference brought to a head a question which had been festering over a period of time: Should orientation and mobility be offered at the undergraduate level? There was also discussion of short-term and crash programs. The statistics presented by Boston College and Western Michigan University with respect to the summer programs which had been offered by them, showed that out of fifty trainees so prepared, only four were still employed as full-fledged instructors.

With respect to the level of preparation of professional orientation and mobility instructors, the group was not in total agreement that graduate programs were necessary, although they found no short-cut to preparation time – even if programs were offered at the undergraduate level.

It was at this conference that Mr. John Jones, Coordinator, Unit of Education for the Visually Handicapped, Office of Education, expressed the interest of his office in supporting the preparation of orientation and mobility personnel for blind children in residential schools and day schools. A graduate program was to begin, with Office of Education support, in September 1966, at San Francisco State College. Much of the credit belongs to Miss Georgie Lee Abel, who secured the services of Mr. Berdell Wurzburger and later Mr. Richards as mobility instructors. A pilot program was also to be supported at Florida State University, at the undergraduate level. This was established under the guidance of Dr. Gideon Jones and the first mobility instructor was Mr. William Goodman, later replaced by Mr. Purvis Ponder and Mr. Everett Hill.

R.S.A. helped to establish a graduate program at California State College at Los Angeles in the Fall of 1966, and the program director was Mr. Lawrence E. Blaha. After his untimely death he was succeeded by Mr. Robert Eisenberg.

In addition to identification of manpower shortage, the problem of level of professional preparation, the announcement of support for orientation and mobility by the Office of Education, and the establishment of a pilot undergraduate program, there was acknowledgement of the need for interest in mobility assistance for the person with useful sight.

The year 1966, in addition to the assessment of the "state of orientation and mobility", was a landmark year – with the publication of the report of the Commission on Standards and Accreditation of Services for the Blind. One of twelve technical committees had been appointed to establish standards of practice in the area of orientation and mobility. The committee included:

Chairman

George Werntz, Jr., Morristown, N. J., Executive Vice-President, The Seeing Eye, Inc.

Members

Donald Blasch, Kalamazoo, Michigan, Director, Blind Rehabilitation Programs, Training Center for Orientation and Mobility, Western Michigan University.
John R. Eichorn, Ed.D., Chestnut Hill, Mass., Department of Education, Boston College.
Richard E. Hoover, M.D., Baltimore, Maryland.
William F. Johns, San Rafael, Calif., Executive Director, Guide Dogs for the Blind.
A. Ryrie Koch, Boston, Mass., Regional Representative, Vocational Rehabilitation Administration, U. S. Department of Health, Education, and Welfare.
Russell C. Williams, H.H.D., Washington, D. C., Chief, Blind Rehabilitation, Department of Medicine and Surgery, U. S. Veterans Administration.

Commission Representatives

Louis H. Rives, Jr., Washington, D. C., Special Assistant to the Commissioner, Vocational Rehabilitation Administration, U. S. Department of Health, Education and Welfare.
McAllister Upshaw, Detroit, Mich., Executive Director, Metropolitan Society for the Blind.

Staff Associate

Arthur M. Dye, Jr., Moylan, Pa.

In addition to describing the orientation and mobility instructor's place within the agency structure, the standards listed those skills to be taught, the general information which was to be imparted, and stated that active travel training requires one instructor to one trainee. Physical and personal qualifications include:

1. Vision: no impairment not correctible in each eye to 20/20, no restriction in the visual peripheral field under all common circumstances, no evidence of pathology contributing to progressive deterioration.
2. Hearing: normal in both ears.
3. General physical condition: no physical impairments or organic mental deterioration that would limit the instructor's capacity to perform effectively or prevent him from protecting his client from imminent danger.
4. Ophthalmological, otological and general physical examinations are required every two years.

5. Personality make-up capable of meeting the demands and emotional stress of the job in a creative, realistic and optimistic way.
6. Ability to effect relationships of a courteous professional nature.
7. Keen observation and the ability to interpret observations.
8. Ability to organize work.
9. Ability to accept supervision in a constructive manner.
10. Flexibility, patience, unpossessiveness, prudence, tolerance and integrity.

Professional qualifications were listed as follows:

> Graduation from an accredited graduate level program for training teachers of orientation and mobility.
>
> Alternatively, approval by an appropriate body to be established for certification of teachers qualified by experience who meet all but the academic standards.

The accredited graduate level program, as described, included the following major requirements: the setting should be within an education department, the curriculum should include course work regarding the following: sensory deficiencies, physiological, social and emotional aspects of visual impairment, history of services to the blind, and orientation and mobility services to visually impaired, legislation, low-vision aids and practice.

The COMSTAC Committee further recommended the establishment of a certifying body to consider the applications of those instructors in the field, who did not meet the standards, but who wished to be accredited.

Subsequently, under the auspices of the A.A.W.B., and in cooperation with the A.E.V.H., a Certification Committee was established. Group IX of A.A.W.B. became the Orientation and Mobility group and has become one of the largest and most active groups within the organization. Since the inception of this Committee in 1969, a total of 201 applications have been received.

Since 1966, orientation and mobility programs have been established in the University of Northern Colorado, Greeley, Colorado (1970), where Mr. Robert Crouse was appointed as chief mobility instructor, and at the University of Pittsburgh, Pittsburgh, Pennsylvania (1969), with Mr. Bruce Blasch assuming the responsibility for teaching orientation and mobility.

Prior to this time, the Long Cane Technique had received very little favorable notice in England. In 1964, Dr. Alfred Leonard, a research psychologist on the staff of Nottingham University, was assigned by the Medical Research Council of England to investigate and make recommendations concerning mobility for the blind in the United Kingdom. Dr. Leonard scoured the literature, interviewed leaders and workers in the field, and studied the mobility habits of many blind individuals. Much of his knowledge was acquired from two of Britain's largest organizations – St. Dunstan's and the Royal National Institute for the Blind. His attention then focused on the United States and he succeeded in raising funds for the sole purpose of exploring mobility services in the United States. Two of the many places he visited were: Central Blind Rehabilitation Section, Veterans Administration Hospital, Hines, Illinois; and the Institute of Blind Rehabilitation, Western Michigan University, Kalamazoo, Michigan. Upon his return to England he reported his findings, stating he was greatly impressed and recommended that a blind person be sent over for training in the Spring of 1966.

In the meantime, Mr. William Goodman, then with the Metropolitan Society for the Blind, Detroit, Michigan, under the joint auspices of the American Foundation for the Blind, The American Foundation for Overseas Blind, and the Royal National Institute for the Blind, conducted a study of mobility in educational institutions and rehabilitation centers, conferred with teachers, and exposed blind youths to use of the long cane in the United Kingdom. This occurred in the summer of 1965, and in 1966 Mr. Lee Farmer of the Blind Center at Hines spent some time teaching at the Assessment Center at Torquay. The British remained skeptical and apparently wanted further evidence in order to be convinced.

In 1966, St. Dunstan's selected and sponsored Mr. Walter Thornton, a totally blind World War II veteran, with the expressed purpose of subjecting him to the "American Training Methods" for evaluative purposes. Mr. Thornton, a senior executive with Cadbury Chocolates, Bournville, England, was personally very interested in mobility for blind persons and was a capable and willing student. He received one week of intensive experience at Hines and three weeks of intensive work at Western Michigan University. His progress was excellent and he apparently recognized the value of systematic training methodology and the merits of the long cane. He submitted a favorable report upon his return to England, and in collaboration with Dr. Leonard, was able to secure a one year's grant from the Viscount Nuffield Foundation to establish a non-residential mobility training center. Nottingham University was to be the fiscal administrator of the project. Mr. Stanley Suterko, Western Michigan University, was requested to develop the program and was granted one year's leave of absence from the University – August 1966 to August 1967.

Mr. Suterko listed his accomplishments as follows: 1. The blind individuals who were trained demonstrated the effectiveness of the Long Cane and its associated training methodology in England. 2. Mobility instructors who were trained initiated mobility programs in residential schools (England and Scotland), in agencies and community mobility programs. 3. Establishment of the training of teachers of the blind in the United Kingdom was accomplished so that they could all receive at least the basic skills in orientation and mobility. 4. Creation of a demand for mobility instructors as evidenced by the requests from agencies and residential schools. 5. Creation of a desire on the part of another local authority in England to develop a similar mobility center in their area.

The commitment of England to orientation and mobility methods was underscored by the continuation of the Viscount Nuffield Foundation grant for two more years. Mr. Robert Crouse, an American instructor and a graduate of Western Michigan University, replaced Mr. Suterko for the next two years. Upon the completion of his tour, Mr. Crouse noted, "The most intriguing facet of the progress of the Midlands Mobility Centre has been its fantastic growth. In a little over two years it has grown from inception to a fully functioning Centre with a professional staff of four." The Midlands Mobility Centre has become a permanent service in England.

Additional fan-out to England was provided by Robert LaDuke, then an instructor at Western Michigan University, who spent six months establishing orientation and mobility courses at the Royal School for the Blind and the Saint Vincent's School for the Blind in 1968-69.

Under the auspices of the American Foundation for Overseas Blind, Mr. Suterko conducted two workshops in Paris, France, in 1968 and 1969. Representatives of fourteen nations from four different continents participated in the workshops. He was replaced in 1970 by Mr. William Walkowiak of Boston College. Concurrent with the workshops in Paris, similar workshops were conducted in the Far East by the American

Foundation for Overseas Blind, under the direction of Mr. Jeakle, a graduate of Boston College.

Rodney J. Kossick has provided a detailed description of his contribution in Vietnam, 1966-1968, in his paper, "Activating A Program For The Blind In South Vietnam", *Blindness, 1970.*

The most recent developments are now taking place in Australia. Mr. Holdsworth, Executive Director of the Royal Guide Dogs for the Blind Associations of Australia, has long been interested in improving mobility services to the blind of Australia. Mr. Holdsworth has made several trips to the United States to evaluate our mobility training programs. He has requested and received the services of Mr. Suterko to evaluate the services in Australia and New Zealand and to discuss our methods of training. These visits were conducted in August and September of 1970. As a result of these contacts the Institute of Blind Rehabilitation, Western Michigan University, has been requested to help them initiate a program similar to the one established in England. The program is scheduled to start in July of 1971.

Mention should be made of students from foreign lands who have come for professional preparation. Unfortunately, it has not been possible to accept all who requested admission because of various regulations. However, students from Norway, South Africa and Canada have been admitted to our professional sequence and undoubtedly will make an impact on services to the blind in their respective countries. In retrospect, it is truly phenomenal how the discipline of orientation and mobility has spread throughout the world in such a relatively short time. We are sure that it has exceeded by far the fondest hopes of its originators.

The fan-out of orientation and mobility services throughout the world has been gratifying. It lends some credence to an old adage, "Develop a superior product and the world will beat a pathway to your door". It has had an enormous impact in the rehabilitation process of blind individuals; it has brought about changes in the educational process of blind children; it has helped raise work with the blind to a professional status; but it has also fanned out in adjacent areas.

More and more orientation and mobility instructors are being consulted by developers of aids for the blind; some have developed aids on their own initiative. This is particularly true in the development of collapsible canes. Within the past five years more functional collapsible canes have appeared than were available in the past three decades and all of the new ones are far superior from a functional standpoint.

More and more orientation and mobility instructors are being asked to supervise and carry out the field testing of new aids. In addition to various types of canes, tips, grips, etc., they have been field testing the Laser Beam Cane that was developed and produced by the Bionic Instruments, Inc., Bala Cynwyd, Pennsylvania. At the present time they are in the process of field testing the Binaural Ultrasonic Sensor, developed by Dr. Leslie Kay of New Zealand. The blind have long been subjected to exaggerated claims for many aids, and, hopefully, this type of field testing will eliminate or validate these claims for the benefit of the blind consumer.

Another barometer of fan-out is literature. *The Long Cane News*, a joint publication of Boston College and Western Michigan University, is becoming more sophisticated. Initially, it was intended only as a newsletter for the graduates of the two schools. Later it was extended to the graduates of all seven colleges and universities with orientation and mobility programs. The content now includes meaningful professional articles. Requests for the publication came from all parts of the country and some foreign countries so that at the present time there is a mailing list of approximately 1200. Concurrently, articles about orientation and mobility have appeared in professional journals and publications in ever increasing numbers. For example, three articles on this subject appeared in "The New Outlook for the Blind" in 1960. In 1970, sixteen articles appeared in this publication.

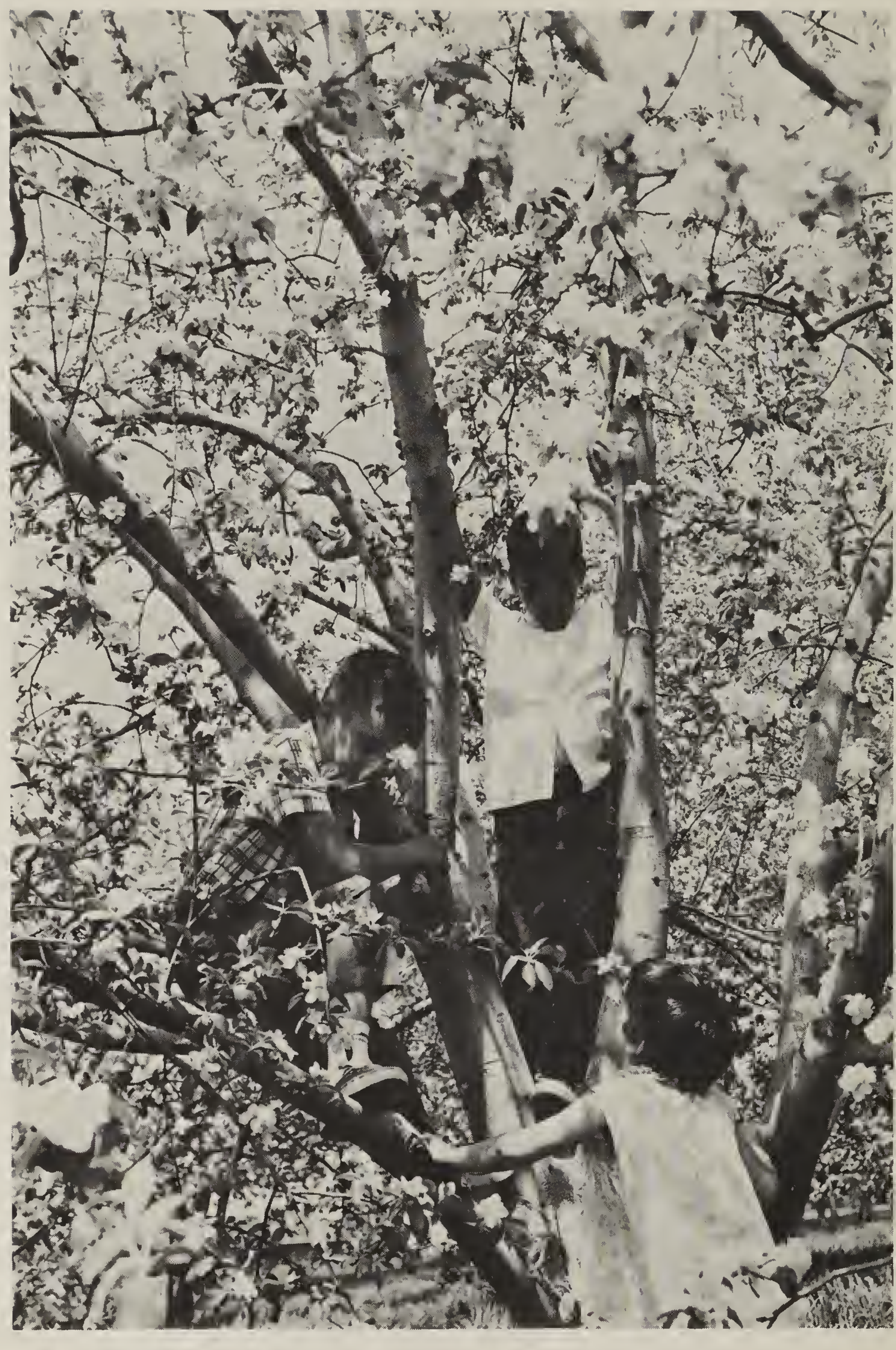
No discipline fans out at this exceptional rate without evoking some criticism, and the discipline of orientation and mobility is no exception. Some of the criticisms are: (1) highly trained mobility specialists did not remain in the field, (2) they would not be content just teaching mobility. In 1970, Mr. Bruce Blasch, University of Pittsburgh, and Mr. Berdell Wurzburger, San Francisco State College, made a survey of all graduates of orientation and mobility programs, inclusive of April 1970. Their findings were published in the *Long Cane News*, Vol. IV, No. 3, January, 1971. They found that there were 332 graduates. Of this total number, 87%, or 289, are still working with the visually handicapped. Of this number (289) 95% are directly involved with orientation and mobility. Of the 13% that are not working with the visually handicapped, 3.3% are females who, due to family responsibilities, are unable to work at this time. This does not mean that they will not return to teach at a later date – some have already gone through this cycle. Another 3.3% are working in an area other than the visually handicapped. Approximately 2.5% have returned to universities for advanced degrees. Two percent are unaccounted for due to lack of communication and may be working in this area. Another two percent have either retired or are in the military services. If we were to include all of the 2% unaccounted for and the 3.3% not working in this area, this would make 5.3% who did not find themselves suited to teach orientation and mobility. Other professional training areas would envy this record as it is far superior to most other professional programs. Compared to other non-professional methods of training orientation and mobility instructors, it has proven itself the most economical and efficient, but most important, it assures the blind client he is receiving the best service available.

If this has instilled any complacency in the graduate orientation and mobility instructor, let us get rid of it now. We have barely scratched the surface of what needs to be done. We have fanned out into the area of training residual vision but we have not, as yet, come up with good programs in that area. We have fanned out into working with the multi-handicapped blind person but we have not consolidated our efforts in that area. We have fanned out into the area of the geriatric blind but this has been only a token gesture and we have not really attacked the many problems existing in that area. We have fanned out to working with additional mobility aids, but we have not incorporated them into a total program. We have done very little with the pre-school blind child and much less with the parents. All in all, it has been great, but it can, and should, be better.

THE FAMILY OF RESIDENTIAL SCHOOLS

(WITH A BACKWARD GLANCE AT THE FUTURE)

By
C. Warren Bledsoe



At the Maryland School a famous orchard is both for eating and climbing.

THE FAMILY OF RESIDENTIAL SCHOOLS

(WITH A BACKWARD GLANCE AT THE FUTURE)

By C. Warren Bledsoe

(Editorial Note: C. Warren Bledsoe is one of the two members of the Editorial Board of BLINDNESS ANNUALS who lived for a number of years in a residential school for the blind. Both he and Miss Marjorie Hooper were children of superintendents of schools for the blind, Miss Hooper in Wisconsin, Mr. Bledsoe in Maryland. Mr. Bledsoe was born at the school in 1912, one year after it had been moved, rebuilt, and reconstituted as the first "all cottage-family plan" school for the blind in the world.)

Total or partial invisability to the pupils they served has from their start been the intrinsic fate of the great boarding schools for blind children and youth in the United States. But of late years it seemed to me they had become invisible in a figurative sense as well to workers for the blind, including myself. This has been contemporary with the widespread, and generally laudable, movement of blind youth into public schools for the seeing, which has been the occasion of a proper stir in the newspapers, in journals and at conventions of people in the helping professions. Nevertheless, it was natural for one who saw the residential schools as the original kind nurses of a special brand of education to wonder what was happening to them, not only one by one, but as a kind of family of institutions, which indeed they have always been. Having neither inclination nor authority to make a formal survey, I thought it was in order to address letters of inquiry to the various heads of boarding schools for the blind and other visually handicapped in the United States:

My letters all said the same thing as follows:

> For a future edition of AAWB'S BLINDNESS Annual, I am considering the possibility of doing an historical essay on the evolving personality of residential schools for the blind in the United States.
>
> To facilitate this, could you furnish me a copy of your most recent annual report, and also any history of your school which is available?
>
> Any comments you care to make on this writing project which I have in mind will be very much appreciated.
>
> One thing I would like to show is that residential schools, like human beings, all have characteristics which are unique, but far more characteristics, and more important ones, too, in common with the others.

The generous response of the current generation of men in charge (still called superintendents as a rule, though sometimes directors or principals) fed my curiosity with data which is certainly worthy of more attention than it has lately had and made me aware that, however much history I put into this article, I must start with now rather than with forgotten lore.

One fact which arrested me upon examining the schools' accounts of themselves was that, although only four residential schools for the blind have been founded in the past 50 years, none has been liquidated, though several formerly black schools have been integrated with white ones. Persons suffering from *horror institutionis* may choose to interpret these circumstances as a fresh example of the stranglehold institutions can maintain on society, even after rigor mortis has set in. Familiarity with the history of the schools suggests rather that two long-standing family characteristics of the schools are at work: the constant renovation of doctrine and responsiveness to consumer-opinion. (Not necessarily the response the consumer dictates, but response). Very early Wilhelm Klein and Samuel Gridley Howe preached the importance of using public education for the sighted in so far as possible.[1] And in due course alumni of the schools demanded it on behalf of children yet to be educated.

Another fact which stands out is that even before this demand, there has been a remarkable avoidance of duplication of services. Few second schools have been activated in States, and the second schools which have come into existence have been placed a long way geographically from the existing school.

Additional evidence of this avoidance of duplication has been the regional use of facilities. From the beginning and down to the present a number of sparsely populated States have sent children to schools in nearby States, rather than establish separate schools within their borders. This defining of spheres of influence is one of the most marked "family" characteristics of the schools, a clear-cut indication of a constellation of beings aware of the restraints which survival under one roof demands, whether the roof be tangible or figurative. Queen Victoria's roof extended over most of Europe, as well as around the world, and in many ways the residential school family resembles hers, which may have been what gave her a sense of well-being in her colloquys with Dr. Francis Campbell. (Of him more will be aid in due course.)

The kinship of residential schools for the blind the world over was unaffectedly put into words a few years ago by a letter not intended for publication, describing a school for the blind in Moscow. It was written by an extremely astute "second generation" professional in the field, Elizabeth McAloney.

While in Russia she found an opportunity to make an impromptu visit to the school and gave the following description of it.

> "I spent only 2 hours or more at *one* school in *one* city – Moscow. I had hoped for an all-over look-see at many grades, perhaps dormitories and dining rooms, etc., but the man at the head asked my special interest and I said 2nd and 3rd grade.
>
> "So up I popped to a 3rd grade class. I asked no percentages or statistics. I was just interested in the general comparison with my own classes. One little girl was *so* like one of my favorites – the general look, laugh, way she recited – totally blind.
>
> "I was interested in little details like clothes (mostly uniforms), Russian Braille (how they made extra letters we don't have), desks, building, etc. The desks

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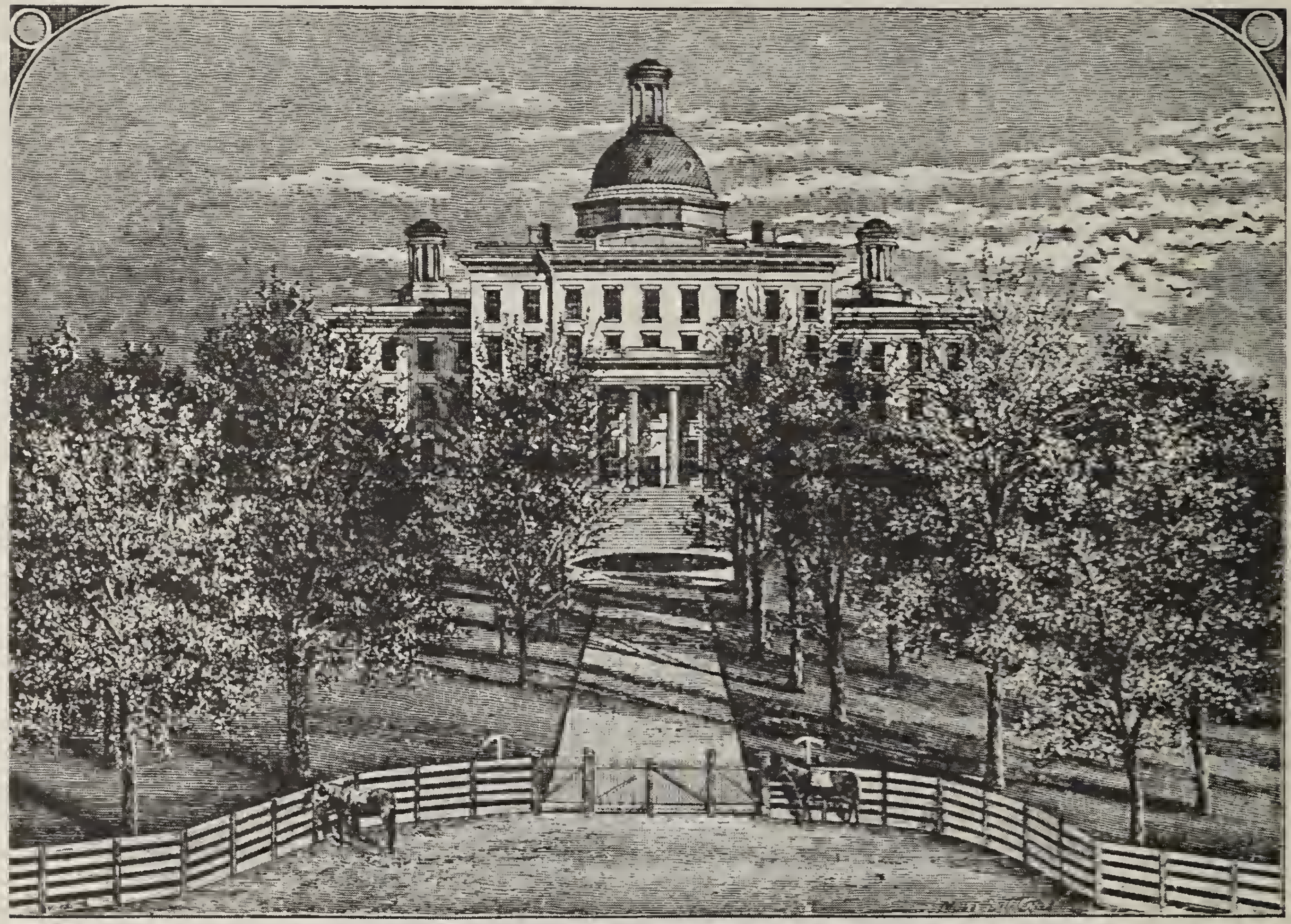
[1] See Dr. Lowenfeld's article on Wilhelm Klein in this issue of BLINDNESS.

were old fashioned fastened down ones I liked in our old school building. These moveable seats that slide around and aren't always in the same place *work*, but I think my children used the stable ones with more confidence and less feeling around. (I'm out-of-date you see). I was interested in how well they did mental arithmetic, the Braille slate I told you about, and such matters. The English teacher and I talked a lot and she and several teachers and I went to the teacher's rest room and she wrote down things she wanted to know on names of texts. I was interested in the books in English that her pupils had. I did not see one of her classes, however. I told you about the smart little deaf-blind boy I saw. He had a special teacher who spelled into his hand. He is the one with that simple Braille writer I told you of. I wanted to see how the teacher formed the letter in his hand (like ours?) but I couldn't see and they didn't understand me. I guess they thought signs not part of the background of a teacher of the blind. The third grade course of study seemed similar to mine as far as I could see. I noted that between periods the big boys leaped down the stairs in a familiar noisy fashion. They had a thing like our Boy Scout troops, except political, and the boys had exchanged insignia with other troops in Russia and some of the Communist countries. We looked at a case full of them. They were all *cordial* and *pleasant*."

In the kindergarten at the Arkansas School.

THE AMERICAN BRANCH OF THE TRIBE



Woodcut of the original Kentucky School for the Blind, founded in 1842. One of its early professors of music, Joseph Smith, was the first totally blind man to graduate from an American college, as a member of the class of 1844 at Harvard. An act of the Kentucky legislature in 1850 provided each graduate of the school should receive a copy of The Bible, The Declaration of Independence and The Constitution. The school served as the godparent and long-term protector of the American Printing House for the Blind, during the era in which Benjamin Huntoon was superintendent of both school and printing house.

There are altogether 49 members of the residential school tribe of the United States: the States of New York and Pennsylvania having three schools; Illinois, Virginia and Louisiana having two. The states which do not have schools for the blind, but send pupils to schools in other states are Maine, New Hampshire, Vermont, Rhode Island, Delaware, New Jersey, Wyoming, Nevada and Alaska. Eleven are so-called "dual schools", schools for deaf as well as blind children. These are Virginia, South Carolina, Alabama, Florida, Montana, Idaho, Colorado, Utah, Hawaii, West Virginia and Arizona. The great majority of the schools were founded before 1900, Middle Western and Western states opening up schools for blind pupils almost as they were given statehood, frequently after opening a school for the deaf. Some states started departments in dual schools, which later were converted into separate schools for the blind.

It is an arresting consideration that formal training of professional educators of the deaf long antedated training of such professionals in work for the blind. An astute social scientist might discover important differences between school traditions fostered by the educator who got his baptism of fire from deaf children and him who formed his concepts from blind ones. The basic questions would be: Does the *hearing, touching, smelling, tasting* approach to education require compassionate traits which are not characteristic of temperaments which are at home with the *seeing, touching, tasting, smelling* approach? And vice versa? The blind and deaf themselves did not seem so much to lack compassion for each other as any satisfactory means of communication. This was dramatized in a best-selling novel of 1915, "Closed Doors" by Margaret Montague, after which only one other dual school was opened. Blind alumni took exception, not so much to the other group as to the point of view which they ascribed to the educator whose training in special education was with deaf children. How much justice there was in this might be debated, but without going into it too deeply the educator of the deaf often did seem contrastingly joyful over the agility of his deaf student shoemakers and printers, and rueful over the adeptness of his blind students at abstractions, especially when they applied it to student and state government (particularly with respect to school administration.)

It seems appropriate to list the current names of the schools, after which a word or two seems indicated about their nomenclature. Let us follow the example of Victoria at her Jubilee when her youngest descendant came before her first and the Empress of Germany came last. It should be stated in this connection, as was the case with Europe's old royalty, there has among the ancient been some bickering for precedence, involving the question of when the infant school may have been said to be alive, and whether this occurs the day the founders decide to start a school, the day a teacher first teaches, or the day the school is declared incorporated. Authorities consulted have been Dr. Harry Best in his "Blindness and the Blind in the United States", the "Directory of Activities" of the American Foundation for the Blind, and the histories offered by the schools themselves. Refereeing rather freely seemed preferable to disputation, since generally the discrepancy amounted to only a few month's difference, and never more than a year or two. My rule of thumb has been to accept the date of any manifestation, public or private, which set up a process with continuity down to the present.

Name of School	Date of Founding	Age
Hope School for Blind Multiple Handicapped Children	1957	14
Louisiana State School for Blind at Southern University	1922	49
Instituto Loaiza Cordero Para Ninos Ciegos (Puerto Rico)	1921	50
Royer-Greaves School for the Blind (Pennsylvania)	1921	50
Hawaii School for the Deaf and the Blind	1914	57
Arizona State School for the Deaf and the Blind	1912	59
North Dakota School for the Blind	1908	63
Oklahoma School for the Blind	1907	64
Idaho State School for the Deaf and the Blind	1906	65
Virginia School at Hampton	1906	65
Lavelle School for the Blind (New York)	1904	67
New Mexico School for the Visually Handicapped	1903	68
South Dakota School for the Blind	1900	71
Utah School for the Blind	1896	75
Connecticut Institute for the Blind	1893	78
Montana School for the Deaf and the Blind	1893	78
Western Pennsylvania School for Blind Children	1890	81

Name of School	Date of Founding	Age
Washington State School for the Blind	1886	85
Florida School for the Deaf and the Blind	1885	86
Nebraska School for the Visually Handicapped	1875	96
Colorado School for the Deaf and the Blind	1874	97
Oregon State School for the Blind	1873	98
West Virginia School for the Deaf and the Blind	1870	101
New York State School for the Blind	1868	103
California School for the Blind	1867	104
Kansas School for the Visually Handicapped	1867	104
Minnesota Braille and Sight Saving School	1866	105
Michigan School for the Blind	1865	106
Arkansas School for the Blind	1859	112
Alabama Institute for the Deaf and the Blind	1858	113
Texas School for the Blind	1856	115
Iowa Braille and Sight Saving School	1853	118
Maryland School for the Blind	1853	118
Georgia Academy for the Blind	1852	119
Louisiana State School for the Blind	1852	119
Missouri School for the Blind	1850	121
Illinois Braille and Sight-Saving School	1849	122
South Carolina School for the Deaf and the Blind	1849	122
Wisconsin School for the Visually Handicapped	1848	123
Mississippi School for the Blind	1848	123
Indiana School for the Blind	1847	124
Governor Morehead School (North Carolina)	1845	126
Tennessee School for the Blind	1844	127
Kentucky School for the Blind	1842	129
Virginia School for the Deaf and the Blind	1839	132
Ohio State School for the Blind	1837	135
Overbrook School for the Blind (Pennsylvania)	1833	138
New York Institute for the Education of the Blind	1832	139
Perkins School for the Blind	1832	139

Combined years of experience in educating blind children	4,585
Median age of residential schools	104
Average age of residential school	93

Nomenclature

In search for conversation at Queen Victoria's dinner table, one of her household brought up the question of what her family name would be.

She astonished the table by saying, "D'Este Guelph, I believe."

Subsequent research proved that such was the case, that Hanover and Saxe-Coburg were (like Windsor) modern inventions which kept up with the times, and blotted out inopportune memories.

Many schools for the blind today would hardly be recognized by their original names. The Perkins School pushes to the fore as an example, having been incorporated as the New England Asylum for the Blind. And the faddishness of word stigmas is illustrated by the seemingly perverse defense of the word *asylum* by Julia Ward Howe, who insisted to her dying day, "*Asylum* is a beautiful word."[2]

As only a few States have more than one school for the blind, in the "family" most of the schools have fallen into the way of calling themselves by the name of the State: *Illinois, Arkansas, Tennessee.* The major exceptions are those in New York and Pennsylvania, which, when second schools were opened, have the habit of using the names of lesser geography: *Batavia* and *Western Pennsylvania* and even of late *Pelham Parkway* for the *New York Institute.* Very few schools call themselves after individuals: *Perkins* after the benefactor which gave the original school its first mansion; the *Royer-Greaves School* after its indefatigable working founder. (And a salty saint if I may say so.)

One thing we can be sure has not changed very much in the public relations efforts of the schools. This is the constant attempt to quell the tendency of communities to use the term *blind school* (or even as did Mrs. Howe *blind asylum.*) The preferred form is generally *school for the blind*, though it will have been seen in the above list some of the more intrepid are attempting *school for the visually handicapped.* Others who have not followed suit seem to be aware that lawyers, bankers, and especially millionaires and governors, feel rather put upon when this more extended usage is insinuated into the conversation and, if they dare, ask, "Why don't you say *blind*?" A guess may be hazarded at this point that *Braille and Sightsaving School*, though not yet widespread, might be more promising because *braille* is the only other word in the language beside *blind* which means *blind* to the public. A further guess might be – although there is a natural craving for euphemisms when our living conditions reach a certain level of hardship, they are seldom more than palliative; their sweetness is likely to cause nausea in time. A salty emetic is indicated, and those bold enough to administer it are often thanked, as was Churchill for his "Blood, Sweat, and Tears" formula when that was what the situation required. We have lately been in etymological paroxysms. Four letter words come out of hiding everywhere, and (with only one more letter) the word *blind* which was under rather heavy fire ten years ago seems to have settled back in the vocabulary of workers for the blind, almost as though it had never been avoided by *sightless* and the like. Certainly, *freshly unsighted* was an appalling low.

As the Schools Show Themselves in Pictures

In the array of leaflets, brochures, histories and miscellaneous documents furnished by the schools, nothing is more impressive than the pictures of children in the school settings, children who cannot see them or see them only imperfectly. (These are new examples of the amount of patience blind people must invest in the purely visual in order to make a good appearance and impart their story to society.)

They give the initiated viewer a new eye-opening experience with respect not only to modern gear in the schools, but the large number of untroubled and participating children detected by candid cameras in action which could not have been posed. There was a time when at least a few of the schools compared in these characteristics with very good private boarding schools for the seeing. It now appears that most of them do.

We see not only many pictures of the classic sport of wrestling and what Howe called "pulling an oar", but blind children engaged in myriad skills and experiences, which emphasize the mastery of common skills of daily living without sight. These obviously are on a systematic basis unthought of in time past.

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[2] Another significant quotation of this concept is Charles Lamb's, "Mary is in an *asylum* and I fear may have to be taken to a *hospital.*" England's 18th Century asylums were far better than her hospitals.

Sensory aids abound, including the use of aids for the low-visioned both in the form of lighting and cleartype books. And there are many views of multi-handicapped children, one of the most significant evidences of change in the basic characters of the residential school. This, it would appear, does not represent a universal policy, but a strong trend, the most definite manifestation of which are deaf-blind departments, activated with the help of Federal funding under Public Law 91-230, 90th Congress.

Architectural usefulness is everywhere apparent, evidenced by the (quite right and proper) tearing down of venerable (and even beloved) structures to be replaced by the functional. A notable example of this is the Kentucky School, the old dome of which was almost a symbol of education of the blind to several generations of superintendents. (One mint julep a year sipped at the Louisville board meeting of the American Printing House for the Blind was for some of our professional ancestors the only item on the list in church when they said, "We have done those things which we ought not to have done.") Great cleverness in blending the new with the old has been shown in many instances. The most notable perhaps is the great house of books put down in the middle of the Boys' Close at Perkins.

At the Perkins School, Watertown, Massachusetts, the New Research Library erected to house the historic collection of works on the education of the blind and deaf-blind, known as the Perkins Blindiana Library. Located inside a courtyard, completely surrounded by the Howe Building, it has modern lines, yet blends with the older buildings, completed in 1913.

COTTAGES
AT
THE MICHIGAN SCHOOL FOR THE BLIND

Each cottage is designed for 15 children. There are two children to most rooms. The school places heavy emphasis on the need to give ample opportunities for learning skills of daily living, and the cottages are structured to this end. They have their own kitchens, dining rooms and fireplaces. There are tables to set. Food must be served. Dishes have to be washed. Children learn to do much of their personal laundry, make beds, keep rooms and closets in order, learn how to clean bathroom fixtures, mop, sweep, dust, carry wood, lay fires and carry ashes.

The recreation room in each cottage provides a place for music, dancing, parlor games, television and pocket and bumper pool, in which children frequently entertain guests from their church school groups or other cottages. They have birthday parties, bake cupcakes and cookies or have hamburger and chili suppers.

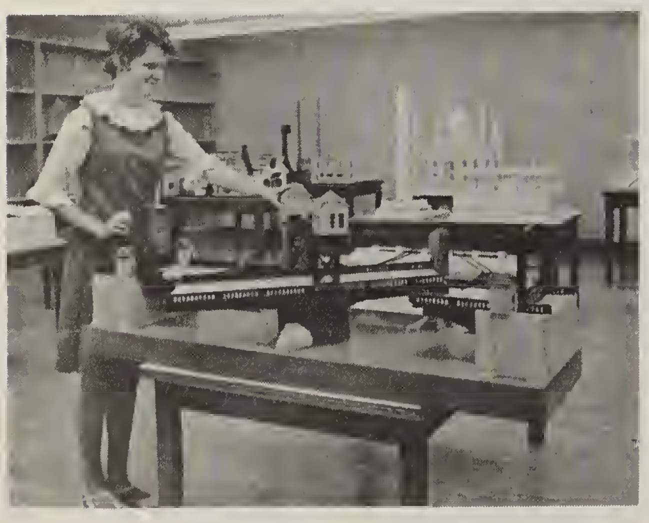
MICHIGAN SCHOOL FOR THE BLIND
DAVIS LIBRARY AND MOTT MUSEUM

The library at the Michigan School for the Blind has shelving a mile and a half long, containing an excellent collection of braille, large type books, talking books and tapes. The World Book and other general references are available in braille and large type. Blind and partially sighted students use the braille and large type catalogues to locate their own books on the shelves. There are lecture rooms, group and individual study areas, "soft" reading lounge, typing room, sound carrels and readers' booths. An instructional materials center makes current materials available in braille, tape or large type. Extensive audio and audio visual materials are quickly available.

A fast growing museum is making increasing numbers of models available for tactile learning.

The entire facility is air conditioned and staffed by six well trained, paid staff members, whose total effectiveness is increased by the use of a number of volunteers.

Outside reading facilities are available for Spring, Summer and Fall use. The surrounding area is landscaped to include interesting flowers, shrubs and trees.



NEW PATTERNS OF INNOVATION

Three distinct patterns of innovation seem to stand out, not merely in architecture, but in what the architecture is used for. They are all innovative, but each has a slightly different direction, which may in time take them far apart.

First, there is the school which in most of its modifications has kept rather strictly to its original purpose of educating blind children and youth. It may have many modern ways of doing this; it may tailor its program to meet individual needs, and it may have certain special departments such as a program for the deaf-blind. But basically it is still a school for blind children from kindergarten through high school. Let us call this *The Classic Type.*

Second, there is the school which has modified this original pattern a great deal to become a kind of center with special services for blind children and youth, but is zealous, even aggressive, in propelling pupils into every learning experience possible outside the residential in schools with sighted children, going extra miles to promote community relations. Let us call this *The Center Type.*

Third, there is the school which makes such a specialty of serving multiply handicapped children, that it is on its way to being a hospital school and it is interesting that of the four schools founded in the past 50 years, two, the Hope School and the Royer-Greaves School, were established exclusively for blind children with additional handicaps. Let us call this *The Hospital Type.*

There are also residential schools for the seeing which have programs for blind children, such as the Fernald School in Massachusetts. I am not attempting to include them in this review. This is not because they are unimportant; quite the contrary. They are in fact worthy of separate treatment, especially since they represent a strong trend.

The three major trends are exemplified in three documents emanating from three different schools: Minnesota, Iowa and the Hope School in Springfield, Illinois. These will be presented in their own words about themselves, the Minnesota and Hope School in information bulletins and the Iowa School in a policy statement by the superintendent. These statements will be classified for clarity, and not, I hope to brand them, as *Classic Type*, *Center Type* and *Hospital Type.* The particular statements have been chosen because they seem representative of others and say what others seem to say in a very clearcut way.

TO LIVE IN A SEEING WORLD

Minnesota Braille and Sight Saving School

Faribault, Minnesota

Foreword

The information contained in this pamphet is designed to acquaint parents and other interested persons with the educational opportunities that are available at the Minnesota Braille and Sight Saving School.

If a child is handicapped, visually, the parents or guardians should discuss appropriate special educational experiences with their local school superintendent because it is he who is legally responsible for providing a suitable educational program. The Superintendent of the Minnesota Braille and Sight Saving School may be requested to provide additional information regarding the School.

History

The Minnesota Braille and Sight Saving School was founded in 1866 and is the only public residential school in Minnesota for the education of visually handicapped children. 1,441 students have graduated from this facility during the past 100 years and the enrollment varies between 85 and 100 students. There are 11 major buildings on an attractive campus of 50 acres located within the city limits of Faribault, Minnesota. There are numerous playgrounds, a skating rink, warming house, toboggan area, and even an ideal course for snowmobiles.

Who May Attend

Any visually handicapped resident of the State between the ages of 5 and 20 for whom there are no appropriate public school services may attend the Minnesota Braille and Sight Saving School.

The Minnesota Braille and Sight Saving School serves children who are partially sighted in addition to those who are totally or functionally blind. At least one child in each 500 has need of special education services because of a visual problem. These children, in general, are included in the following groups and could be considered as candidates for admission to this facility:

1. Children suffering a loss of visual acuity which results in educational difficulty.
2. Children with serious progressive eye difficulties.
3. Children suffering from diseases of the eye or diseases of the body that seriously affect vision.

It should be noted that many children are thought to be "retarded," emotionally handicapped," or "remedial readers" when in reality their difficulty is attributable to an inability to function visually in an academic setting. Any child who evidences serious difficulty of any type in the classroom should receive a physical examination. This medical examination should include a thorough eye examination.

Getting bearings on a tricycle at the Missouri School.

Industrial Arts at the Arkansas School.

Recreation at the Alabama School.

Cost

The Minnesota Braille and Sight Saving School is a State tax-supported educational institution. There is no charge for board, tuition, books, and ordinary medical care. The parents are, however, asked to furnish sufficient funds for incidental expenses including clothing, allowance, and transportation, etc.

Enrollment Procedure

Legislation written in 1957 makes it mandatory for the local superintendent of schools to provide educational programs for all handicapped children. The local superintendent may do this by establishing special education programs within the public schools or by using other resources, including the Minnesota Braille and Sight Saving School.

When a visually handicapped child is identified by the parents or other persons, the parents should inform the local superintendent. The local superintendent should notify the consultant for visually handicapped children, State Department of Education, Centennial Building, St. Paul, Minnesota, who will assist the local superintendent in determining the most appropriate special education facility for the visually handicapped child. If no program exists within the community, the local superintendent may wish to consider other alternatives including the utilization of the Minnesota Braille and Sight Saving School. If the Minnesota Braille and Sight Saving School is considered the resource, necessary data will be gahtered about the application for enrollment and will be received by Admittance and Discharge Committee composed of the Superintendent of the Minnesota Braille and Sight Saving School, State Director of Special Education, Services, and the Director of State Services for the Blind. The parents will be informed which resources will be used.

School Organization

The school is divided into seven major departments.

Academic Department:

A principal, an instructional supervisor, and 20 teachers staff the acaedmic program. This program provides a broad and complete curriculum from pre-school through the 12th grade. The same department provides appropriate educational instruction for multi-handicapped children.

Administration Department:

The superintendent is assisted by a business manager, a personnel officer, and two stenographic employees.

Health:

A trained nurse supervises the health and safety of the children in residence. Health services are augmented by a staff physician, and pediatrician, a dentist, and an ophthalmologist.

Housekeeping:

A food supervisor with 15 women prepare and serve the food and maintain clean and attractive dining and living areas for the students. Vital instruction is implemented within this department and eating habits and appropriate dining behavior are taught in conjunction with food services.

Maintenance:

Fourteen men devote their full time effort to maintaining safe, beautiful grounds and buildings for our students.

Residential Department:

Approximately 17 houseparents provide supervision, recreation and self-care instruction during those periods when the children are not in a school setting.

Skills of daily living at the Maryland School.

Library:

Our school library also serves as a regional library for the Library of Congress. Our students may use materials in braille, talking books, large print or tape form. Six members of our staff provide library services to adult blind in North and South Dakota and Minnesota, in addition to serving the students in residence at the Minnesota Braille and Sight Saving School. A tunnel connects this building with the classrooms in Dow Hall.

School Session and Vacation:

School is in session a minimum of 38 weeks each year. The opening day usually falls during the last week of August and the academic year continues through the early part of June. Vacation periods are scheduled in the fall, winter, and spring, and it is requested that arrangements be made for every child to spend these periods with his own family. Children may be excused during the weekend period, and, in fact, are encouraged to do so if they live within a reasonable distance of Faribault. No students remain on campus during Christmas, Easter, or summer vacation periods.

Courses of Study:

The academic course of study includes the same materials as would be provided within a public school program. In addition, compensatory skills, i.e., braille and mobility are provided so that the child will be equipped to return home as an independent individual, hopefully before the completion of the 12th grade. Children who are able are integrated into many of the classes offered within the Faribault Public School program.

This practice provides for a wide curricular experience and helps to teach visually handicapped children to live within a seeing world.

Multi-handicapped children are provided individualized instruction within the academic areas. These children are also taught basic living skills and attitudes which often allow them to return to the "regular classroom."

Mobility Training

Children with functional (severe) visual problems have a great need for intensive training in orientation and mobility. The Minnesota Braille and Sight Saving School provides a fully qualified mobility instructor (peripatologist) who teaches mobility skills, including the long cane technique.

Religious Instruction

Our student body participates in religious instruction experiences provided by the churches of their choice within the community of Faribault. In addition, a Protestant chaplain and a Catholic chaplain are available to serve the spiritual needs of the Minnesota Braille and Sight Saving School.

Physical Education and Recreation

Visually handicapped children have a particular need for a well-structured physical education program. We know that these children will, because of necessity, walk with a sighted guide, a cane, or a dog throughout their lifetime. We know, too, that a guide dog travels faster than an average adult male, and that well-oriented visually handicapped individuals simply must develop appropriate stamina and attitudes during their school experiences. Too, in a physical education program specifically designed to meet the needs of visually handicapped children, special emphasis must be placed on posture and the correction of mannerisms, and in addition, basic orientation and mobility skills must be taught.

There must be emphasis on leisure time activities and on those skills which will allow the visually handicapped child to participate within the seeing world. Bowling, swimming and contact sports are taught, and whenever possible, the visually handicapped children participate in these activities with sighted friends within the community.

Graduation and Vocation

Hopefully many of our students can be provided with compensatory skills and materials which will allow them to return to their own community schools before completion of the 12th grade. However, whether they remain for graduation or return to their communities, they do receive vocational counseling through the State Services for the Blind, Department of Public Welfare.

Iowa Braille and Sight Saving School

Vinton, Iowa

Your letter requested that I make any comment I care to make regarding the role of residential schools. To this end may I say that our philosophy here at the Iowa Braille and Sight Saving School is that we serve only those youngsters who cannot be adequately served elsewhere. We have a program of returning students to their local school environment where possible. Our last year's return to the public school program included some 20 students. Our responsibility to these students is not truncated by this return but rather enlarged in that we provide materials, consultative services and teacher counseling in support of the child.

It has been our experience that to make this program effective we must return those children capable of returning to their local environments at approximately junior high age. In so doing, we can better insure that a social integration might more easily take place. So often the junior or senior student can function academically in his local school environment but experiences little success in the social domain. I am not making a case for residential versus integrated day school programs but rather a case for individual treatment of students.

It is also our belief that we must begin the educational process very early in life, and to this end we have established a Montessori-based pre-school program staffed by a certified Montessori Directress and a teacher aide. This program is geared toward the education of the parents as well as the child.

From the Ohio School to the outer world by orientation and mobility.

Parents of a pre-school child are required to come to the school during the year and attend class with their child. Materials are provided the parents for home use, and the child is brought to the school for successively longer periods of time to make the home-school transition less problemsome. We presently are reaching 3½- and 4-year-olds and hope to provide guidance and direction to parents of infant children.

As you well know, residential schools have historically revolved around academic areas. In order to provide a more meaningful curriculum, we have established a modern World of Work program in which every senior high school student must participate. Mandatory participation is limited to the Orientation to Occupations aspect of the program. The Work Study and the Work Experience phases are on an elective basis.

It is interesting that our school is one of the leaders in the State of Iowa with respect to individualized instruction. We have found ourselves in the somewhat reverse role of providing consultant services to public schools aimed at improving their approach to the individualization of instruction.

We are in the unique position of effecting a behavioral-task-oriented curriculum from kindergarten through grade twelve. This process is well under way and has met with success. We are insisting upon greater and greater participation by parents in the education of their children. An example of this is our home week-end program which requires that each child return home approximately every third-weekend. For those children with poor home situations, a stable and consistent foster home is provided where possible.

Our greatest concern here at the Iowa Braille and Sight Saving School is not Braille, music, athletics, important though these may be, but rather it is independent, safe mobility skills. We see this as rudimentary in our attack upon the problems created by blindness. Our mobility instructors are fully-certified Masters-degree people. However, we are in the process of training aides for them. We have also had numerous workshops for houseparents and teachers in order that everyone at the school will have some understanding of the importance of mobility skills.

I suppose our entire program can be adequately summarized by stating that we are making every attempt to foster the social, personal and academic adequacy of each individual child. The institution is continually being changed to meet this goal. This represents a departure, I believe, from the never officially held but generally practiced changing of the individual to meet the requirements of the institution.

Frank Rocco, *Superintendent*

HOSPITAL TYPE

The Hope School

Springfield, Illinois

Hope's children come from throughout the United States and range in age from four to 18 years on admittance. Because of the school's policy of accepting only those children rejected by other schools, these children are, for the most part, severe cases.

Serene meal-time at the Hope School, exclusively for children with double handicaps.

To be admitted to the school, a child must be blind and have such additional handicap as being mentally retarded, emotionally subnormal, or emotionally disturbed, or he may have speech or hearing difficulty (but not be deaf), orthopedic defects (although ambulatory), controlled epilepsy, or brain damage. Most of the children at the school actually do suffer from some form of brain damage in addition to being blind. Most exhibit emotional disturbance. All are functionally retarded.

It may be true that they will never be completely normal, but the school operates on the theory that no matter how severe the case may be, these children can make some progress toward normality which will make them happier and more content with their environment. The Hope School gives them care, training, and education, but it also gives them love, friendship, and acceptance.

The Hope School does not work miracles. Not every case is rewarded with the success desired. On the other hand, every child at the school has shown improvement within the limits of his or her ability. At the Hope School, a spoken word from a long silent child or a smile of understanding is sometimes a little miracle – a miracle that might otherwise never have happened. There are no "hopeless" children at The Hope School.

The Hope School's beginning resulted from the need to fill a vacuum. There are approximately 18,000 children in schools for the blind in the United States today. There are an estimated additional 15,000 blind children who, like Hope's children, have an additional handicap and cannot qualify for schools for the normal blind. Most of these children are confined to their homes or in custodial institutions.

The Hope School was founded in May, 1957, by Dr. Charles E. Jordan, a Springfield dentist, and his wife, Mary, who had a blind, mentally retarded daughter of their own – Judy, then 11 years old. The Jordans had spent eight frustrating and heartbreaking years searching the U. S. and many parts of Europe for a school to care for Judy, but only confinement in a mental institution was available to her.

The Jordans founded the school to provide care for Judy, but after only a short time it was opened to other similarly afflicted children. Gradually it outgrew one house, then two, and after seven years and help from many thousands of people, the school was able to move into its new quarters.

The Hope School buildings contain many special provisions such as a complete inter-com system, electric "eye" safety controls, extra wide hallways and doorways, vision panels between corridors and bedrooms, shatter-proof glass, fireproof construction, covered and heated enclosed walkways between buildings, outdoor play areas, and the most modern teaching devices and equipment. Admission to The Hope School is by application and after examination and review of qualifications by the Admissions Committee. Admission may occur at any time of the year.

Application forms must be completed in detail and copies of all medical, social, psychological and educational records must accompany the application. After a completed application is received and evaluated, parents are asked to bring the child to the school for one day's observation, after which a final decision is made on acceptance.

Eligible children are accepted at The Hope School without regard to race, creed, or color.

Interested parents should be aware of the fact that the school ordinarily has a waiting list of acceptable applicants and inquiries regarding admission are received almost daily.

Tuition at The Hope School is based on family circumstances, but children are admitted regardless of their parents' ability to pay. Parents are asked to pay whatever they can afford toward the high cost of training and educating their children – approximately $7,000 a year per child.

The school operates on a 12-month basis. Fees are payable annually, quarterly or monthly in advance. Because costs are planned on an annual basis, no allowances can be made for vacations in summer and at Christmas, and there is no pro-rating of any month of enrollment or withdrawal.

All medical expenses are borne by the parents unless they prove they are financially unable to meet the obligation. Parents are also responsible for the child's clothing needs.

The Hope School is a non-profit organization, and all fees go toward meeting the expenses of services to the child. Many parents claim the school fees as medical expense deductions on their income tax returns.

Hope's program for its children emphasizes individual attention and adjustments enabling them to care for themselves, associate with others, assume responsibility and participate in family living. The school's objective is to provide training and education, independence, security and social adjustment for each child to the limit of his or her ability.

The school operates under a family unit system, with a house mother in charge of each group. As a child advances in ability, he or she progresses to a family unit of higher training and education.

The program is based on six areas of training:

1. Self-help skills – feeding, dressing, grooming, etc.
2. Social skills – self control, courtesy, group participation.
3. Motor skills – general health, muscle coordination.
4. Language skills – auditory, oral, articulation.
5. Academics – reading, writing, spelling, typing, etc.
6. Independent living skills.

In the latter category, the child may be taught to run errands, care for others, dust and sweep, set a table, wash and dry dishes, iron clothes, sew, make a bed, prepare foods, use a telephone, handle simple tools, or move about independently.

According to their needs, the children attend class individually or in small groups. Each child has his own program, which may range from as little as a half-hour in class a day to a full day's session of five hours.

Parents receive two progress reports from the Director of the school each year – one in February and one in July. Each month the Head House Mother writes a personal letter to parents reporting on the general condition of the child. Administration of the Hope School is by a Board of Directors which serves without compensation.

THE WISDOM OF BERTHOLD LOWENFIELD

All of the material describing the schools reflects the pattern of a consensus which has been upwards of a century and a half forming. Perhaps the clearest enunciation of it so far is in a paper by the Superintendent Emeritus of the California School for the Blind, Dr. Berthold Lowenfeld, in a paper written in 1957 entitled: "The Role of the Residential School in the Education of Blind Children."

Dr. Lowenfeld said:

> "Let me raise the problem by asking a question which I believe goes right to the heart of the matter: Which children should be placed in the residential school? Before giving even a tentative answer to this question, I should like to stress that I can give you only my personal opinion, but I believe, in view of the lack of any scientific evidence, we shall have to deal largely with personal opinions on both sides of what I believe is, or should be, a continuum and not dichotomy of services.
>
> "Obviously, *blind children for whom no local services are available* will be logical candidates for admission to a residential school. Such local services may not be available because of the small number of blind children, or even the absence of any other blind child in the community; because of a lack of understanding on the part of the public school authorities of their responsibility to provide education for blind children; or because of a lack of success in public relations which might have impressed the community with the

importance of providing education for blind children in their public schools. Finally, there may also be a sincere conviction, debatable as it may be, that the residential school alone should take care of the education of blind children and no other place. In the years during which the retrolental fibroplasia children will swell the number of school-age blind children, many more local communities will have sufficient numbers of blind children to justify a special teacher for them. This teacher may serve as a resource or as an itinerant teacher. When the retrolental fibroplasia inflation has passed through the schools, it can be forseen that many communities will no longer have a sufficient number of children to continue special services. Whether blind children from such communities will in the future go to residential schools be educated by itinerant teachers, or be served by both kinds of services, is something that only the future will tell.

"There are and will be blind children who grow up in *families* which for a variety of reasons, are *not desirable places for them.* Broken homes, homes that have lost either one or both parents because of death or other reasons, homes where the child has been rejected and the parents cannot be helped to gain a more salutary attitude, may make it more beneficial for the child to be placed away from home. If foster parents can be found, the blind child may attend a public school provided special services are available there. If not, placement in a residential school and temporary arrangements for foster home care during vacations may be chosen.

"There are also those blind children who, either for environmental reasons or for reasons within themselves, are *not in a state* which would make them good prospects *for public school placement.* This may be the case if the child has not acquired feelings of security and self-confidence which would enable him to be successful in integrating with seeing children. Also, there are some blind children who either have or appear to have an additional handicap such as mental retardation, a hearing loss, or other conditions which would make it difficult for them to be admitted to a public school. For some of these children, the residential school setting may be used as a diagnostic medium, and for others the special provisions which can be made in a residential school may be the only ones which offer them educational opportunities. Lately, we have been confronted with a number of young blind children who are obviously emotionally disturbed. Some of them we were able to help with educational therapy, others we were unable to help with the skills which our teachers and counselors are prepared to apply, so that we had to refer them to psychiatric therapy.

"Finally, there are those children whose *parents believe that the residential school is a better place* for them than the public school. Obviously, they have just as much right to have their child placed according to their wish as the parents of those who believe that the public school is the better place for their child. Whether this determination is based on a comparison of the available residential school and public school facilities or upon a predetermined conviction of the parents in favor of one or the other instrumentality, is immaterial. They are the parents and their preferences should be considered in their child's placement.

"Of the four groups which I have tried to describe – children for whom no local services are available, children whose family situations are not desirable places for them, children who are not good prospects for public school placement, and children whose parents want them to go to a residential school – the first group will most likely contribute the largest number of students to a residential school enrollment. This will, of course, be only the case if both, residential school and public school facilities, are given a chance to develop."

TURNING TO THE PAST

Neither pictures nor official statements can give what is the real quintessence of school life, the kind of thing the inquiring mind learns over the days and weeks from some vantage point inside the school which reveals the doings of the classic types in the structures of influence, authority and action: the concerned citizens or status figures, the hewers and haulers, the inventers, the shining examples, the agitators, the stormy petrels. To quicken awareness of such dynamics in the lives of our contemporaries too graphically is not only difficult; it is impolite and inept. But here is where the past is invaluable. Despite all that has been said about a changed human nature, what reflections of ourselves are the ways of some of our ancestors!

THE PAST

There is an unbroken line of common sense with respect to blind people's needs which has the marks of a kind of teaching apostolic succession. Johann Wilhelm Klein of Vienna (1765-1848) taught his methods of teaching blind children to Franz Müller of Baden (17??-1852). Müller passed on these methods to Julius Friedlander, first of Baden and later of Philadelphia (1803-1839). Friedlander taught William Churchman of Pennsylvania, Tennessee, Indiana and Wisconsin (1818-1882). Churchman was the first, and throughout life the most admired, teacher of Francis Joseph Campbell of the United and Great Britain, the blind teacher of many teachers of the blind, even by his Howe's own admission of Samuel Gridley Howe, the great first director of the Perkins School.

A cardinal rule of this common sense is the use of the remaining physical senses *not necessarily as sighted people use them, or in a way which gives the appearance of a sighted individual.* This rule frequently has been at odds with another principle of Klein's philosophy which Howe shared, namely, that integration with the sighted world was crucial. This both Haüy and Howe interpreted rather narrowly at times to put a very high premium on performing the way sighted people perform. In its extreme form this demands doing things the sighted way, even when that way is very much less efficient. An example of such an extreme is Howe's insistence to his dying day (Jan. 9, 1876) on the use of raised letters rather than dots.

The principle becomes little short of a vice when it results in abstention from participation by blind people if the sighted way is impossible, even though an adapted method may be available, though it may require a strenuous teaching effort. Environments infected with this vice are very graphically depicted by Henry Randolph Latimer (1871-1944), a most perceptive blind educator of the blind, who remembered 19th Century residential schools, and who describes "Maids and men-of-all-work, who constituted ladies-and-gentry-in-waiting, who arrogated to themselves every possible contributory service which might have been performed by some of the more ambitious pupils."

Officious custody might be the name of this classic social ailment in schools and agencies for the blind. With the endurance of an indigenous weed, it can take more sophisticated and less obvious forms than the blatant one described by Latimer. It can attack where it is least expected in schools governed by very brilliant people. At its most virulent it is a kind of *malignant efficiency which excludes blind people from every performance which can be done a little more smoothly or a little more rapidly by a sighted person and process.*

The detection, diagnosis and treatment of a case by Campbell and Howe will serve to illustrate this and may be the most valuable history lesson which can be extracted from the past in residential schools. And fortunately Howe and Campbell described it in their own words.

But first, for the present-day reader, even a professional worker for the blind, the outlines of the personalities of these two superlative educators may require review.

Dr. Samuel Gridley Howe, M.D. is by many thought to have been the strongest influence ever exerted in the field of work for the blind, as well as the most discerning observer of the effects of society's efforts in their behalf. The first director of the Perkins School for the Blind, he also was the most telling advocate before legislatures for the founding of at least 12 other schools. He pioneered the education of the deaf-blind, penetrating the consciousness of Laura Bridgman with a means of communication (the manual alphabet) and keeping exact and elaborate records of his progress and procedures, which formed the basis for the education of other deaf-blind children including Helen Keller. Nevertheless, he was more sociologist than educator, and his exceptional capacity enabled him to become a contributor to the alleviation of virtually every salient human disadvantage. He had a hand with Horace Mann in developing lip-reading for the deaf; simultaneous with his directorship of the Perkins School he was first director of the Fernald School for the mentally retarded; he worked for prison reform. But emancipation of the slaves was the cause in which as much of his life was invested as went into the creation of Perkins. Indeed the school became the base for his abolitionist activities. And it was during his preoccupation with this other great cause that the case of malignant efficiency developed at Perkins, which Campbell spotted and pointed out to Howe.

The two men met in 1857 when Campbell was 25 and Howe 57. Campbell had been born the year that Perkins was founded, but he had grown up in Tennessee, one of the few southeastern states Howe had not visited when promoting schools for the blind. And as indicated earlier, Campbell was taught by William Churchman, whose methods were derived from Wilhelm Klein.

Few people of late years have realized the extent to which modern work for the blind hinged on Campbell. Blind himself (by an acacia thorn at the age of 5) he became the international champion in his time of the *capabilities* of blind people, both by his example, his demands on himself, and what he asked of other blind people and society. As a boy on a farm, when relegated to inactivity by his father, he got hold of an axe with the help of his mother and presented evidence of his independence in the form of an enormous pile of chopped wood. At the Tennessee School for the Blind, when diagnosed as lacking musical aptitude, he paid another pupil to give him piano lessons surreptitiously, eventually astonishing the school music teacher with his performance and becoming the teacher of piano for the school at 16. Also while at the Tennessee School he procured the dismissal of one of its principals for supplying the students with pauper fare while living off the fat of the land himself. Few blind men have overcome the pity of the community to the point of being threatened with lynching, but Campbell achieved this by teaching a black to read during the turbulent period preceding the Civil War. An impassioned abolitionist, Campbell left Tennessee, first for Wisconsin, then for Boston, where Howe's Perkins was in its 25th year, even as Campbell was, and where the untoward case of malignant efficiency had been developing while Howe had been hypnotized by abolition and John Brown.

Tennessee, the school which was Campbell's alma mater, 125 years later.

Campbell described his meeting with Howe in 1884 before Queen Victoria's *Commission on the Blind, the Deaf and the Dumb.*

> "In 1857 I was a visitor in Boston, and I called at the Perkins Institute for the Blind, of which the celebrated Dr. Howe was the director, and it was with difficulty that I was allowed the privilege of spending a day at the institution. The doctor was rather decided in his opinions about having visitors upon any other day than a fixed public day, but he allowed me finally to spend a day there. As I was going out about 5 o'clock I happened to meet the doctor at the door, and he asked me what I thought of the school.
>
> "I said, 'Doctor, I do not like it.'
>
> "Why?' he asked.
>
> "I said, 'Because you are not training the blind here to make them independent.'
>
> "He said, 'Well, that is plainly spoken; will you come to my office with me?'
>
> "I went to his office, and we talked together for an hour, and the result was that he invited me to go home with him and dine, and after my pointing out to him why I thought especially the music department was conducted on entirely wrong principles, and that the wrong pupils were selected to study music, giving my reasons for it, he at once expressed a wish that he could see more of me, and in the course of three months he made a direct proposition to me that I should become connected with the institution and should be an assistant teacher under the director of the musical department. This I refused, but I offered to take one part of the school in order to introduce the method which I proposed with regard to the musical training.

> "The doctor said that I was right, and so he made the proposition to the musical director that he should take either the boys' or the girls' school and that I should take the other. He refused to do so, so the doctor dismissed him and offered me the appointment.
>
> "I proposed to the doctor that I should be allowed to select 20 pupils of the school as a test class, and that those boys and girls should be trained exactly in accordance with my wishes, not only in music, but in all branches, and in all particulars. The doctor thought that 20 would be a fair test.
>
> "Finally I was to choose this class, and I quite remember that when the boys and girls were sent up to be examined they began sending up what they considered their special music pupils, and if I clapped my hands some of them would tell me whether it was C sharp or D natural, or whatever it might be; but they could not tell me that the half of four is two, and that sort of training is of no use.
>
> "A blind man must be able to use his brains. Consequently, whenever I undertake to make a blind person successful as a teacher of music he must have the power of analysis, he must be able to carry a composition in all its parts in his head, and if he is not trained to do that he may play, but he will not be a successful man professionally. I entirely refused those so-called musical pupils, and selected most of them from some of the most successful pupils in mathematics.
>
> "I chose 20 boys and girls, and I began at once by making them give great attention to physical exercises. My reason for this is that you must give energy, pluck and determination. In the winter there we had ice for three months of the year, and I had them all out skating at 5 o'clock in the morning, and I would go with them myself and skate.
>
> "The result was that when those boys and girls were trained 19 out of 20 were not only successes, but very brilliant successes, and some of them now occupy very important positions in America. I know that one whom I visited a few months since is earning 500£s a year, and others are filling prominent positions in different parts of the country. There was one girl who was not an entire success. She did earn a bare living. But the other 19 were highly successful in every sense of the word. The success of this class gave new emphasis to the whole training of the blind in the Perkins Institute."

These exploits and also doubtless the way in which Campbell spoke of them, eventually led to a great feud between him and his colleagues, as well as some pupils at Perkins, who played a part in what was described as a "nervous break-down", which in turn led to a leave of absence which took him to success, and even renown in Britain. This turn of events Dr. Edward Allen thought was providential, that at the time the U.S. did not afford resources "equivalent" to the wealth and concern afforded Campbell in Britain by Tory Democracy, eventually including knighthood for Campbell. Detraction of Campbell continued to his life's end and beyond, but could not cancel out the wise, kind words of Howe in his 1872 Report of Perkins. This remarkable document is devoted almost entirely to Howe's defense of cold baths in the morning. But he also says:

> Mention is made in the report of the trustees of the successful establishment in London, England, of a high school for the blind by Mr. F. J. Campbell, who, during eleven years, was our principal teacher of music, and my

general assistant. He is entirely blind, and besides the valuable services which he rendered as teacher of music, he was of great use to the blind, as a living example of how much can be done by courage, energy and industry to compensate for the lack of sight.

"When he communicated to me his plan for opening in England a high school for the blind, organized according to our American ideas of what such a school should be, rather than upon the model of the existing British schools, and asked my consent to his taking some of our most esteemed teachers to assist him, I could not refuse, because, beside my desire to aid him personally, I had a strong desire to see our system more widely diffused, and our ideas tested in a new field. I knew that Mr. Campbell would be more likely to succeed, and his establishment to take a high stand, with the assistance of trained teachers, of high moral character, than with such as he might pick up abroad.

"Of course it gave to me, personally, much regret, and caused sorrow to all the inmates of the household, to part with such an assistant as Mr. Joel W. Smith, (a man of rare virtues, beloved and respected by all who know him) and to part with such teachers as the Misses Faulkner, Green and Howes; nevertheless, the sacrifice was cheerfully made in veiw of the great good which might result therefrom to the cause of the education of the blind."

"If the enterprise succeeds, and the blind of Great Britain are benefited thereby, all those engaged in it will have the gratification of helping to pay back, in a small degree, the debt of obligation to the mother country for manifold services rendered by her to the cause of human beneficience . . . . .

"The allusions which I have made to our bodily training will explain its general character. It has been carried out with more or less rigor, according as I have been seconded by assistants who had more or less faith in it. There was a time, for instance, when most our boys and many of the girls, could swim well; could pull an oar, and showed considerable muscular vigor in gymastic exercises; and then again, such exercises fall into comparative neglect. While I had the great advantage of the assistance of Mr. F. J. Campbell, himself totally

Pulling an oar at the Oak Hill School, Connecticut.

> blind, our system of physical training was carried to high perfection. He believed in it; and always lived up bravely to his belief.
>
> "He taught me useful lessons as the capacity of the blind. I remember, after having had a talk with him about the duty of training our pupils to perform all sorts of work which it was possible for them to do, and to do the full share of domestic work, he persuaded a class of his boys to volunteer to wash and scrub the floors; and they did it long enough to show that they could do it well.
>
> "He introduced some exercises which can be maintained persistently only by those who possess great natural pluck and personal magnetism."

DIFFERENCES BETWEEN HOWE AND CAMPBELL

It is very much to Howe's credit that he was able to write and act as he did in behalf of Campbell, in view of circumstances which had arisen in their relationship. These were described by Campbell in a letter written in Sept. 1881 to Mr. William Chapin of the Philadelphia School, in which he said:

> "In 1868 Dr. Howe was very earnest to carry out his pet plan in regard to family houses. He and I did not agree in regard to the utility of the plan. I held that the same amount of money spent in another way would confer far greater benefits upon the blind. Our difference was so great that I at last offered my resignation. The doctor replied that he was an old man with one foot in the grave – he had devoted his life to the blind. His last wish was to try his pet scheme. He appealed to me to know if I thought it was honorable as his right hand man for whom he had done so much to desert him in his hour of need. He went farther, and said that if I would energetically help him carry out his scheme that he would use all his influence to help me realize the scheme which I had proposed. Unfortunately I did not have the courage to carry out my resolution to resign. I was placed in a false position. I did not believe in the doctor's scheme – nevertheless, I was his subordinate, and as long as I held office under him, it was clearly my duty to exert my utmost abilities to realize his wishes – and all who are familiar with the circumstances know that my duty was faithfully performed. Unhappily, however, with my friends I did not hesitate to express my dissenting views and this eventually led to a coldness between the Doctor and myself. In 1869 I came to Europe and I never met the Doctor afterward. This I have always regretted, for we both earnestly desired the best things for the blind, and if we had met again, I am sure the temporary misunderstanding and coldness would have passed away."

Child's Play

It is not the purpose of this article to tell the full story of Sir Francis Campbell's extraordinary manipulation of old Britain in behalf of blind people, fascinating though that story is. Suffice it to say that it was no mean accomplishment for an American in the 1870s to work his way tinto the confidence of such a variety of English people as Dr. Armitage, Thomas Cooke the travel agent, the Duke of Westminster, Queen Victoria, John Bright and many others, drawing all of them substantially into the usefulness of what was to become the Royal Normal College for the Blind. One more scene from Campbell's life will serve to illustrate positively the functioning of a residential school to produce maximum participation by the blind pupils.

We owe a description of this scene to Alfred Hollins, a great blind concert organist, recalling his days as a pupil of Francis Campbell.

> "Campbell insisted on plenty of play as well as plenty of work, and encouraged all kinds of games. One of us took it into his head to become a railway engine. He ran from The Building to the bottom of the meadow and back, whistling and puffing as much like a locomotive as he could. Before long several trains had been formed, each consisting of engine, driver, and guard, and perhaps a carriage or two. A boy with some sight was generally chosen to be engine and to go first. The driver followed, holding the skirt of the engine's jacket. Then came the carriage or carriages, and the guard brought up the rear. I christened one of our engines The Swiftsure, a name someone had seen on a fishing-boat at Bridlington and had mentioned to me.
>
> "Certain suitable points were chosen as stopping-places and named after the principal stations on what was then the London and North-Western main line. The starting-point was Euston; next came Willesden; then Rugby and Crewe. The grounds were not large enough to take trains beyond Crewe. As a train was marshalled for starting there was all the bustle and noise characteristic of a large railway station. The driver had prearranged signals with the engine, and could evoke a whistle by pulling the back of the engine's jacket collar, holding on according to the length of whistle desired. A touch on one shoulder would open the safety valve; a touch on the other would start the train. And so on.
>
> "The company's rolling stock increased so rapidly that we had to appoint Miss Adams superintendent, and after tea each evening the engines, drivers, carriages, and all the paraphernalia of the railway were arranged by her for the next day's traffic. Her duties must have wearied her at times, but she always managed to make us believe that the choosing of an engine, driver, or guard was the most important thing of the moment. She had real sympathy with the blind, the rare gift that enables one who sees to understand the needs of those who do not, to be critical of their weaknesses without hurting their feelings, and with a touch of humour save them from becoming super-sensitive in their darkened world.
>
> "Before long it was found that the couplings were undergoing a severe strain: jackets were being pulled out of shape. I think it was Mr. Young, our tuning-master, who thought of strong belts of webbing made with two looped ends we could take hold of. These belts relieved Miss Proctor and her sewing-maids of at least one worry.
>
> "The next invention was mine. Like all ideal and entreprising companies, we were out for developments, and as the number of trains increased by leaps and bounds the danger of collisons became acute. It seemed to me that it would be possible to have mechanical or electric signals, and I broached the subject to my fellow directors, who sent me as a deputation to Campbell. Excellent administrator that he was, Campbell gave the deputation very sympathetic consideration, but would not commit himself. But a week or so later, on getting the first morning train ready, we were agreeably surprised to find an ordinary house pull-bell fixed to a tree or some other convenient upright at each station, complete with cord to pull it. Campbell himself came out and explained the use of these bells. Unlike real stations, ours were within hearing distance of one another, and our trains were to be worked on a very

simple block system. Henceforth, as soon as the first train starting from Euston arrived at the next station – Willesden – the signalman at Willesden rang his bell and so signalled line clear for the second train to leave Euston. At the same time he gave the signal to the train at Willesden to enter the next section. This seems to me a very good example of Campbell's quickness to seize an opportunity, however small. He encouraged our train game because he saw that it would give us exercise – mental as well as physical – in the open air. If we had been ordered to go out and run backwards and forwards in the grounds for half an hour we would have objected. Campbell waited for us to discover our own form of exercise, and then encouraged it.

For he who'd make his fellow creatures wise
Should always gild the philosophic pill.

And if the patient does the gilding himself, so much the better.

"Play was never allowed to interfere with work, but after the fashion of boys I wanted to rush off to drive my engine the moment I was free to do so. Years later, when we were talking over early days at the College, Campbell told me that just after I had played at an important College concert (at the Crystal Palace, I think) his wife and he saw me in the grounds playing trains as though nothing unusual had happened."

We have suggested in various ways that as in other families, residential schools are for the most part basically similar in character, all having certain traits in common, but different in personalities and ecentrities. One trait they all have in common is literally millions of hours lived by people without the aid, or with limited aid, of the eye, except as Dr. Allen used to say, "vicariously." Roughly half a million child years have been lived by American blind children in residential schools. Most likely to succeed are those with personalities and peculiarities made up of people with an infinite capacity for taking pains in liberating youthful initiative, for giving it ways of converting itself into creative action.

"Why," asked a peer of Britain of Campbell, "do you employ so many American teachers?"

"Because," said Campbell," when an American teacher sees a blind child with dirty hands, she shows him how to wash his hands. An English teacher rings for a servant."

Lives Woven into Schools

Many, many graceful, useful lives governed by this rule have given the schools what they are able to claim in the way of greatness and remind us that schools worthy of the name are not land, buildings and gear, but primarily people who do things which make a difference.

The lives of the men, women and children woven into the substance of these schools have left a heritage of skills. But more than that they have left a moral heritage which should serve to invigorate the minds of their professional descendants when their spirits are properly invoked. There follows a brief procession of illustrative careers. Note among them the striking number of pupils who like Campbell have become adult leaders in education of blind people, and who have played a key role, not only in the orderly performance of validated skills, but the renovation of doctrine and recovery of revolutionary vision.

Johann G. Knie, 1794-1869 Blinded at age 10 Educator, author.

Contribution: Director of School for the Blind at Breslau, the first blind director of such an institution. Graduate of the University of Breslau. At his school emphasized the tactile and the practical. His school "a mélange of bells, rattles, drums, models of animals, machines, buildings." Author of "A Guide to the Proper Management of Blind Children," said to have been "gospel reading" in the world of the blind.

Louis Braille, 1809-1854 Lost sight totally at age 3 Teacher of the blind in history, geometry, and algebra.

Contribution: The universally adopted system of dot reading. He credited Major Barbier, a French army intelligence officer, with the invention of a code of raised dots. His own contribution was the six dot arrangement and alphabet which bears his name. In perfecting this, he persisted in the face of enduring opposition from older teachers of the the blind committed to raised letters. The braille system was complete by 1834, but obtained no real acceptance until 1854.

Sebastian Guille (?)-1851 Sighted. Educator, physician.

Contribution: Under the restoration of the Bourbon monarchy in 1815, he became director of the reconstituted Paris school for blind youth, renamed the Royal Institution for the Blind. Both imaginative and practical, he made exceptional use of student-teachers, and developed the teaching of music to a high degree, wrote a discerning treatise on the "Instruction and Amusements of the Blind" (1819). However, he was chiefly remembered for having experimented with Braille and rejected it, and for having repudiated Haüy for his compromises with revolutionaries.

Fanny Crosby, 1820-1915 Lost sight totally at 6 weeks. Hymn writer, teacher.

Contribution: One of the most widely known and popular hymn writers of the 19th Century evangelical revivals. As a pupil and teacher at the New York Institute, she drew unusual attention to herself by a phenomenal memory coupled with personal magnetism. At the age of 45, wrote her hymn, "Safe in the Arms of Jesus," the first of many similar hymns which brought her great popularity and increased an already wide circle of friends, including prominent and influential people, to whom she became the image of blindness.

Mary Caroline Greene, 1829-1908 Sighted. Teacher.

Contribution: In 1879 was chosen to superintend the education of blind children in schools with the seeing in London. From 1864 to 1872, she had taught at Perkins, from 1872 to 1879 at the Royal Normal College for the Blind outside London. Her experiment with educating the blind in schools for the seeing flourished in her time. In 1901 with the help of 12 young blind women, whom she supervised, 200 children were attending schools for the seeing despite their visual handicap.

Stephen Babcock, 1832-1916 From an eye accident at 16, lost sight totally at 19. Teacher.

Contribution: The Babcock system of mental arithmetic, which was to become a part of the curriculum of residential schools with high standards, in certain respects resembling the "new math" of the present time. Babcock also designed the first dissected raised maps. Was teacher at New York Institute for the Blind from 1855 till 1904 (Principal teacher from 1857). With William Wait, he designed an arithmetic slate which was to have universal acceptance.

Benjamin F. Huntoon, 1836-1919 Sighted Educator, inventor, publisher.

Contribution: As superintendent of the Kentucky School for the Blind and the American Printing House for the Blind, he was a unique practical worker in both education and publishing, as well as a potent diplomat for his causes with the general public and government. He was the designer not only of the administration of the American Printing House for the Blind, but inventor of many mechanisms for the production of embossed books. He devised the first cylinder embossing press. In 1879 he was the prime mover in securing legislation which provided the first Federal appropriation for the printing house.

Joel W. Smith, 1837-1924 Blinded by accident at the age of 25. Teacher of piano tuning.

Contribution: Contrived many devices to overcome handicap of blindness, including the first braille "typewriter." One of the American teachers "loaned" by Howe of Perkins to aid in the founding of the Royal Normal College. Said to be the first to teach the "touch" system of typewriting, which he developed for his blind students. A teacher at Perkins for 30 years. He developed "American braille." Also was founder of the *Mentor* – first magazine in the United States devoted to the interests of the blind (1891-1894). A charter member of the American Association of Workers for the blind.

Michael Anagnos, 1837-1906 Sighted. Teacher, educator.

Contribution: Succeeded his father-in-law, Howe, as director of the Perkins School. A consolidator of gains, he was said to be the greatest money collector for blind people of his own, or any, time. For the lower school at Perkins, called in its time, the kindergarten, he amassed $1 million. A native of Greece, he was a picturesque figure, an arresting conversationalist, and he put his personality fully into the promotion of Perkins. His unusual rapport with small children was exceptionally warm, and he did not hesitate to use it in bringing their cause before the public. His most dramatic feat as an educator was choosing Anne Sullivan to be the teacher of Helen Keller and instructing Anne Sullivan in how to go about her task, based on the notes of Dr. Howe with respect to Laura Bridgeman.

David Duffle Wood, 1838-1910 Blinded as a child, totally by the age of four. Musician, teacher.

Contribution: A preeminent organist, he was director of music at the School for the Blind in Philadelphia, now Overbrook. As an accomplished concert performer, he gave a positive image of blindness; in his teaching he brought his pupils to a high degree of perfection in performance of oratorios of Handel, Haydn, Mendelssohn. A close contemporary of Sir Francis Campbell, he strongly contrasted with him both in personality and experience. Enrolled as a pupil in the Philadelphia School, Wood grew up with it, spending all his life in that environment, backed by the stable community of Philadelphia. Like Sir Francis Campbell he was a brilliant mathematicisn, but unlike him he was a natural and inspired musical artist. He had better teachers and was in a more sophisticated musical setting, but he did not have to fight to master music by sheer force of intellect and determination as Campbell did. Campbell charmed important segments of society as a fascinating zealot and rebel in behalf of the blind. Wood enchanted them with pure music.

William Wait, 1839-1916 Sighted Educator, inventor.

Contribution: As principal of the New York Institute for the Blind (1863-1905), he raised the standards of the school from asylum level to those of schools for the sighted in New York State. He was the redoubtable protagonist of the raised dot system which he invented and which is known as the New York Point system. Only two dots vertically, it could be extended in base forms of two, four, six and eight dots. It also took into account the frequency with which letters occur, using simpler forms for the most frequently encountered letters. It was pitted against braille in many battles between educators of the blind. Many books were printed in it, but it was ultimately defeated by braille in the Uniform Type Conference of 1917.

Frank H. Hall, 1841-1911 Sighted. Teacher, educator, inventor.

Contribution: The inventor of the Hall braille writer, stereotypemaker and mapmaker, he used two relatively short terms as superintendent of the Illinois School for the Blind (1890-93) and (1897-1902) to study techniques of educating blind children and to produce instruments which were to gain wide acceptance. He was also innovative with respect to curriculum, making revisions to fuse the "literary" and the "practical." Among those who early favored the education of blind children in public schools he furnished the Chicago Public Schools with a plan for organizing such a program, which was used when the first class of this type was inaugurated in Chicago in 1900. A political appointee, in and out at the pleasure of incumbent governors, he acquired great enthusiasm for the cause of blind people, and made the most of a checkered, but rich, background in behalf of his pupils.

Newton Farmer Walker, 1845-1927 Sighted. Educator, teacher.

Contribution: A successful administrator of a dual school, he was also one of the most colorful personalities associated with work for the handicapped in the United States. The South Carolina School for the Blind was founded by his father, the Rev. N. P. Walker. Three sons followed Dr. N. F. Walker in education of the handicapped. They were: A. H. Walker of the Florida School for the Deaf and Blind, Horace E. Walker of the Tennessee School for the Deaf and Laurens Walker, who succeeded Dr. Walker at the South Carolina School, and who in turn was succeeded by his sons, Laurens and Newton F. II. Their sister Louisa Walker Kirby was a teacher of the blind and later one of the staff who shaped the program for the War Blinded at Valley Forge General Hospital in 1945. The descendants of Dr. Walker are known for meticulous service and a sense of proportion with respect to their unique position. He himself had the distinction of receiving from the State of South Carolina a Doctorate of Philanthropy and Charity, bestowed by the Legislature in 1909.

Sophia Faulkner,
Lady Francis Campbell, 1848-1933 Sighted. Teacher, social leader.

Contribution: One of the Perkins staff, "loaned" to the Royal Normal College. An excellent teacher and intrepid intellectual, upon her marriage to Francis Campbell she turned her talents to creating and governing the social environment of the Royal Normal College for the Blind. Exceptionally perceptive with respect to the social disadvantages of blind people, she contrived for those surrounding her an atmosphere in which all sorts of people who passed through it were able to feel at ease with blind people. Based on many years of experience with those she had helped, she wrote a treatise on the subject. (*Outlook for the Blind, 1911*). She also authored essays documenting the development of the Royal Normal College for the Blind and the philanthropic work for the blind of Great Britain.

Hannah A. Babcock, 185?-1931 Sighted. Teacher, hostess.

Contribution: The niece of William B. Wait and also of Stephen Babcock, she was a teacher of music at the New York Institute for the Blind from 1872 for 38 years. She developed a system of musical notation in New York Point type and oversaw the transcription of a vast quantity of compositions which she was able to make useful as one of the ablest teachers of her day. Of equal importance was the role she played in the social training of the pupils at the New York Institute, which was similar to that of Lady Campbell at the Royal Normal College for the Blind. Her warmth and grace were said to be infectious and pervasive, dominating the environment without overwhelming the people she undertook to influence. Part of her success was due to her own interest in civic and public questions, which brought the world into the school.

Alexander Mell, 1850-1931 Sighted. Teacher, educator, encyclopedist

Contribution: The author of the only encyclopedia concerning blindess so far published: *Encyklopädisches Handbuch des Blindenwesens*, a work of almost 1,000 pages, published in 1900. Mell was for half a century the central figure in work for the blind in Austria, as director of the then Imperial-Royal Institution for the Education of the Blind in Vienna from the year 1886, when he took over the school and began his administration with vigorous reorganization. Later he became the originator of a movement for special training of teachers of the blind in Austria in 1889 (with a ten weeks summer course). He foresaw the possibilities of introducing courses on blindness in the general pedagogical courses and attempted to have such training introduced to normal schools, though without success. His most notable achievement beside his encyclopedia was the organization and expansion of the professional library of his school, which served as an inspiration to development of a similar collection by Michael Anagnos at the Perkins School. Acting upon a standing order Mell made double purchases routinely, the second item coming to America and helping to form a considerable part of the unique Perkins Collection.

Edward E. Allen, 1867-1950 Sighted. Educator, teacher, writer.

The most scholarly of the third generation of educators of the blind in the United States, his writing must be relied on for both the philosophy and history of education in his time, his most enduring contribution as a writer having been his survey of schools for the blind in Europe, published in the *Outlook for the Blind* in 1910. One of the Perkins teachers, who had had previous training as a novice under the tutelage of Francis Campbell, he became head of the Overbrook School for the blind at an early age and became its renovator, both physically and academically. From there he returned to Perkins as its third director, succeeding Michael Anagnos, who had left the institution in excellent financial condition, but in need of a change of neighborhood and new architecture. Allen made the most of this opportunity to create the present school at Watertown. Like Anagnos he made the professional Library his particular responsibility. This went hand in hand with his training of teachers, leading to the establishment of the so-called "Harvard Class" in 1921. He was also a promoter of sight-saving classes in public schools.

John B. Curtis, 1871-1951 Lost sight at age of 10. Teacher, educator.

Contribution: With Frank Hall was implementer of public school education for the blind in Chicago in 1900. From 1897 to 1900 a high school teacher in the Illinois School for the Blind. He was then put in charge of classes in public school by the Chicago Board of Education. The procedure which he worked out was copied, almost without change, by other cities of the country which adopted the day school plan of educating blind children. The Curtis plan was also followed in 1913 when so-called sightsaving classes for partially seeing children were started. An authority on braille as used in educational textbooks, he was one of the American representatives on the Commission on Mathematical and Chemical Notation for the International Conference on the Blind for 1933 in Europe and author of "Braille Mathematical Notation." Invented and put into use the plastic braille number slate and plastic number cubes.

Lydia Y. Hayes, 1872-1943 Blinded totally by accident as a child. Teacher, administrator.

Contribution: Educated at Perkins. As a novice taught seeing children. She was then a pioneer of the home teaching movement for blind adults as a volunteer in the 90s. In 1900 was chosen to be the first official home teacher supported by the State of Massachusetts. In 1909 was chosen by the State of New Jersey to organize the N. J. Commission for the Blind. Continued until 1937, when she became educational consultant, prior to retirement in 1942. Julia Ward Howe charged her to "establish the rights of the blind" in New Jersey, and her administration was shaped to emphasize these rights which she defined as the right to "health, to an education, and to an opportunity to serve." She also emphasized the obligations of blind people toward society. Her policy was conspicuous for its nondependence on an institutional program. This included a scheme of braille classes in public schools which she assiduously fostered. She gave strong emphasis to a program of prevention of blindness.

Dr. Newell Perry, 1873-1961 Blinded at the age of 10. Teacher, lobbyist, organizer.

Contribution: One of the most brilliant blind people of his time, he made of his own education a cause célèbre, agitating for a college education first for himself, then for other blind individuals. At ten newly blinded and fatherless, he hitchhiked his way to the California School for the Blind, from which institution he was admitted to the University of California, later got a Ph.D. at Munich, summa cum laude in 1901. Meanwhile he had organized the alumni of the California School for the Blind with three aims: college education of the blind, aid to the needy blind, and work for those able to work. He traveled extensively to study conditions in the lives of blind people. A brilliant tutor, he coached sighted students to earn his way through Germany, Austria, Switzerland, Italy and France, finally settling in New York, where he established himself with a clientele of private pupils. He took the cause of blind students to Charles Evans Hughes, then governor-elect of New York, and was able thereby to secure a law appropriating money to secure readers for blind college students. In 1912 he returned to California where he became head teacher at the California School for the Blind and spent the next 36 years up to his retirement preparing blind boys and girls for college.

Samuel P. Hayes, Ph.D., 1875-1958 Sighted. Psychologist.

Contribution: A lifelong student of psychology, related to blindness, he was the first formally trained psychologist to produce a long series of studies and monographs. These he summed up in 1941 in a book entitled "Contributions to Psychology of Blindness."

This put into permanent form a wealth of material which serves as a point of departure for students. His method was first to give literature of opinion, and then to follow it with what had been proved by experimentation. All his studies sustained the theory that compensation for loss of sight was not a gift but a reward of effort. He was particularly concerned with the administration and interpretation of intelligence tests for blind children, and wrote many articles on the subject for encyclopedias and professional journals. His adaptation of the Stanford-Binet test as an intelligence test for the blind was widely accepted in schools for the blind. From 1909 till 1940 he was a professor of psychology at Mt. Holyoke College; for the next fourteen years he was director of teacher training and research at the Perkins School for the Blind. He was a perfectly agreeable, but altogether firm, intellectual watchdog, religiously devoted to keeping pseudo-science off the premises of education of the blind.

Charles F. F. Campbell, 1876-1935 Sighted. Educator and publicist.

Contribution: He brought back to the United States the concepts of his father, Sir Francis Campbell, specifically the expectation that blind people could be genuine, rather than fictional, participants in economic and social life of communities. The child of the Royal Normal College in its hey-day, he saw Queen Victoria as "a kind old grandmother", and the British Establishment as a fountain of resources for the blind. He was sent to the United States to be educated at the Massachusetts Institute of Technology (and for renewal of his family's political philosophy). This was a brief sojourn outside work for the blind, to which returning he was to be the catalyst for three decades, starting out as a "lantern slide lecturer", who captivated audiences in Massachusetts with a lecture on the capabilities of blind people. His persuasiveness led to the establishment in 1904 of an "experiment station" to train and place blind workers in industry, and the Massachusetts Commission for the Blind in 1906, which he served as a member of its council and as superintendent of industries. He successfully encouraged the underwriting by the commission of a professional journal, which became the *Outlook for the Blind*, which he edited without remuneration for 15 years, assisted by his wife. From 1910 until 1923 he worked in Pennsylvania, Ohio (as superintendent of the Ohio School for the Blind) and in the World War I war blind program. Increasingly he became the promoter of a national organization for the blind on the platform with Helen Keller, who pointed up his strongest asset in work for the blind, when she said he was the "perfect sighted companion" and when he stepped on a platform with her "all nervousness and apprehension vanished". His generation credited him with having been the chief and most successful advocate for what became the American Foundation for the Blind, citing particularly a speech he made at a convention of the American Association of the Blind in 1919. He was excluded, or excluded himself, from the staff of the Foundation, probably because it was thought the infant organization must bear itself more solemnly than his temperament would allow. At this time he extended his interest to include all the handicapped as director of the Detroit League for the Handicapped, with which agency he continued to assist work for the blind both locally and nationally. He was a key figure in the World Conference of Work for the Blind in 1931.

Richard S. French, Ph.D., 1883- Sighted. Teacher, educator, author.

Contribution: He wrote "From Homer to Helen Keller", the first treatment of blindness historically down through the ages, with an educator's analysis of strengths and weakness of workers and their efforts. Preceding Ishbell Ross's "Journey into Light" and Gabriel Farrell's "The Story of Blindness", it is not so rich in historical fact as either of these. However, as the work of a teacher, scholar, university professor of special education, and principal of a residential School for the blind (California), it excelled in grasp and enunciation of theory, as well as analysis of programs. Of a sanguine temperament he listed at the end a bill of particulars showing progress (in 1932), including the opinion that "open beggary has practically ceased in all civilized countries . . . reading has become simple and easy, books have multiplied, and the poorest blind can have a wide selection for the slight trouble of asking . . . the point systems have made possible the intercommunication of the blind, while the standard typewriter brings within their power free written communication with those who see . . . through maps, models and other objective material, the world of phenomenal reality has become very largely their own, while through books, the world of the intellect may be theirs to a degree inconceivable 100 years ago . . . trades and occupations are better understood than ever before; and, though the limitations of the blind are reluctantly acknowledged, we are surer of their possibilities than ever before . . . From being virtual outcasts the blind have come to be accepted as an integral part of society; one no longer pities them as poor dependents; one must often respect them as bread-winners and highly cultivated men and women."

Louis W. Rodenberg, 1893-1967 Lost sight at age of 10. Printer, punctographer, author.

Contribution: An authority on raised dots of every description, he played a key role in securing the international use of revised braille in 1932. For 50 years the superintendent of the Braille Print Shop of the Illinois School for the Blind, he was one of the few participants in the so-called "War of the Dots" who lived to see the resolution of the conflict. He combined the most complete technical knowledge of all the various dot systems with an intellectual viewpoint and skill as an author. He wrote many technical articles, beginning in 1917 with the publication of his "Key to Braille Music Notation." He also occasionally ventured into social and philosophical observation and analysis, exemplified by his summary of the evolution of braille immediately after the Oxford Conference in 1932 which brought about international agreement. This contained the animadversion: "In no other land have there been such colossal, such costly, such convincing, experiments in finger-reading as in the United States. The blind of this country have paid in full. In some instances the experiments imposed on them were sheer theoretical projects devised by seeing workers. In other cases experiments were projected on them by persons who were themselves without sight. The superior legibility of obsolete American Braille and of surviving Standard English Braille may be traced to the fact that they originated in blindness – which is proof that efficiency in solving problems of human suffering comes first from identity with that suffering . . . It will not be necessary for us to review one hundred years of experimentation inflicted on American finger-readers who were yearning for and needing more literature and receiving less than they might have been – an appalling history of costly libraries built up, duplicated, and destroyed. The acceptance of Standard English Braille throughout the English-speaking world meant this long and extravagant experimentation has come to an end, has resulted in a definite idea, has the vast significance of establishing the university of the braille principle; and all of this signifies the final triumph of the son of the harness maker of Coupvray. The name and fame of Louis Brille will now endure. Never, on entering a cathedral, did I have more strongly the sense of treading on holy ground than when I stopped to pass through the low doorway of the stone hut on the stony hillside of Coupvray beyond the Marne. From that lowly cradle came one whose idea was to have such singular value that, a century after its conception, it would be taken by determined men to the hilltops of the world as a perpetual boon to unfortunate people."

Thomas Cutsforth, Ph.D., 1893-1962 Lost sight at age 11. Psychologist, author.

Contribution: He was the author of a scholarly, blistering psychological study and commentary "The Blind in School and Society", the most discussed book in the field of work for the blind in the 1930's and from time to time since. With methods and point of view almost diametrically opposed to Dr. French in "From Homer to Helen Keller", he assailed institutions for the blind in all their weakest points, and relentlessly. He saw Howe as the only original thinker work for the blind had ever produced; to him Helen Keller was an unreal being who did not understand her own words. To him residential schools were emotional deserts which were natural hotbeds of wickedness and vice. From 1936 to 1959 Cutsforth was a successful practicing psychologist in Los Angeles, and as time went on came to be considered a kind of dean of stormy petrels in the field of work for the blind, looked on with a certain amount of affection by the school people he had lambasted, who came to think they had corrected the faults of which he spoke in so far as they could be corrected. This Cutsforth never was willing to grant, and late in his life, participating in a panel discussion, declared, "If I had to choose between letting my blind child go without an education or attending a residential school, I would let him go without an education." He was author of a paper "Blindness as an Adequate Expression of Anxiety." For his direct antethesis see Richard French, 1893-1902.

Berthold Lowenfeld, Ph.D., 1901-	Sighted.	Psychologist, teacher, educator, author.

Contribution: He focused the attention of psychology on the total effect of blindness in contrast, though not in opposition, to the work of Samuel Hayes. His diplomatic skill made acceptable not only his own interpretations, but also some of the apperceptions of Thomas Cutsforth, whose temperamental aggressiveness might well have caused him to be widely ignored, but for the attention called to him by Lowenfeld. Like Cutsforth he recognized the dangers of segregated education for blind children, but less heatedly. From Austria, where he received his doctor's degree at the University of Vienna in 1927, Lowenfeld visited the United States on a Rockefeller fellowship in 1930-31, at which time he was teaching at the Jewish School for the Blind in Vienna. He returned to the United States permanently in 1938, was on the staff of the American Foundation for the Blind from 1939 till 1949, and from 1949 until 1964 was superintendent of the California School for the Blind. He is the author of "Our Blind Children – Growing and Learning with Them" and of a detailed study of touch reading, "Blind Children Learning to Read", as well as numerous other articles published in journals. He wrote an extensive chapter dealing with psychological problems of visually impaired children, published in Cruikshank's "Psychology of Exceptional Children and Youth", which is considered the most comprehensive presentation of this topic. In 1968 he made a study of the multi-handicapped blind and deaf-blind children in the State of California, which was an important contribution to the data on which national legislation in behalf of the deaf-blind was based. As superintendent of a residential school for the blind, he encouraged widespread attendance of blind children in schools with the seeing.

A BACKWARD GLANCE AT THE FUTURE

Of this whole article it may well be asked, "Aren't the writer's family-centered quirks showing?" "Isn't he the child of a flagrant nepotist?" A nepotist I suppose my father was in the sense that during his long term as superintendent of the Maryland School for the Blind he employed some of his relatives from time to time, as did Howe and Campbell. Generally, however, as with them, it was to do what no one else would do for the money, and after a period of pinch-hitting, the niece or nephew passed on to a living wage. I was not especially encouraged by my father to take up his line of work. He gave me a teaching job, but he made it clear that he neither could, nor would make it possible, for me to succeed him. For this I admired him, and I was not alone in this.

It does not seem unfitting before closing this article to say these things, and a few others about my biases, and what may be presumed to be my biases, which are, of course, not secret; in fact, may be said to be in the public domain. But as it is a rather obscure corner of the public domain, it should be disclosed to those interested in my subject who may previously have been unaware of my existence.

My father's influence was one of the quietest and one of the strongest in work for the blind. Strong partly because he was as well trained for his job as anyone of his time, even though he came from that (to workers for the blind) highly suspect source . . . education of the deaf. As a young teacher at the Alabama School he married a teacher of the blind, trained at the Perkins School and Boston University. Though she died young she undoubtedly imparted the afterglow of "flowering New England," and after she died, my father went each summer to study education of the blind at Harvard with Michael Anagnos for his preceptor. This led to the reading of documents in the Perkins Library of blindiana. In the writing of Howe he was arrested by the idea of converting "congregate" schools for the blind to the so-called "cottage family" plan. Some girls cottages already existed at Perkins, but the major part of the school was "congregate."

Listening to Anagnos, my father said, "was like sitting at the feet of Gammaliel." He was especially fascinated by Anagnos's descriptions of blind people and workers for the blind and urged Anagnos to put them in a book. But Anagnos was busy with his most extraordinary fund raising coup, the endowment of the Perkins kindergarten.

About this time, while principal of the "colored department" of the Maryland School for the Blind, my father seems to have become aware of the importance of politics in work for the blind since he began to work on a doctorate in politics at Johns Hopkins, then the newest and most exciting university in the world. He had finished all the work for his degree, except the writing of his thesis (which was to have been "The Education of the Blind in the United States") when in 1906 he was offered the superintendency of the entire school. This meant the opportunity to put his energies into refashioning the school according to Howe's cottage-family formula. To the thesis he never returned. The "new" school of 1911 might well have been regarded as a reasonable facsimile for it by a recording angel, but hardly by deans of a university. My father should never properly have been called "Doctor", and he stopped people from so addressing him when he could do so without making too much of a point of it. He was a modest fellow, and, I think I may say, very well liked by workers for the blind. Compared with the few members of his family he took into work for the blind, he took into his family virtually anyone in work for the blind who wanted to be regarded as a relative. The steady stream of visitors who came to see the first cottage family plan school for the blind in the world were always house guests for several days or weeks, and they generally came back: from as far away as Sweden and Roumania.

By no means the most expensive "plant" in the United States, the Maryland School undoutedly had a warm charm, not only in its people, but in its spacious land – 102 acres. Like most children I had no idea what people were talking about when they talked about my "advantages". But the "advantage" that has grown on me most as time has given me perspective is that without knowing it I grew up in a fresh and vigorous social experiment which was not a selfconscious one. My father had studied books about blindness hard and then put them away when he went about re-fashioning a school. He was long on action, short on theoretical statements. The nearest he came to a formula, watchword or ideal in capsule guise was in a pair of words he applied from time to time which may sound touchingly naive of late years, but which seemed not at all so to his contemporaries: "perfectly normal". He believed most firmly in the potential "perfect normalcy" of blind children, and I know he believed this was best achieved in an environment controlled by people whose professional competence was too deep to show. Few statements can be attributed to him concerning "blind children". He talked about "children". When it was reported to him that a group of students in another school were complaining of being "institutionalized", he said, "They shouldn't even know the word".

When my father retired, his life and work were succintly described by his lifetime friend and critic Hanry Randolph Latimer, writing on behalf of the Maryland School Alumni Association, who enumerated the following items preceded by "whereas:

"Mr. John Francis Bledsoe–

". . . entered upon this work with all the enthusiasm of a young executive of twenty-eight years, untrammeled by tradition, and with a determination to shape for himself a career which would redound to the lasting benefit of his blind pupils and graduates;

". . . notwithstanding the conservative inertia which always accompanies any radical changes of administration, Mr. Bledsoe moved steadily forward toward the accomplishment of his several objectives; among the most outstanding of which were the following:

> "1. Improvement of the curricula, methods of instruction and teaching personnel, by departmentalizing, diversifying and otherwise enriching the courses of study;
>
> "2. Final elimination of all adults from the school's role of students, by establishing a department for the instruction of adult blind men and women in their own homes, and by separating the workshop for the employment of adults from the School for young blind;
>
> "3. Removal of the Maryland School for the Blind, while his fellow-superintendents in other States temporized concerning similar action, from its old congregate city plant to more commodious country quarters, with a central administrative and classroom building, flanked by separate cottages

> for housing the pupils according to age and sex- all surrounded by ample playgrounds, orchards, flower and truck gardens;
>
> "4. Assuring the normal socialization of his pupils and graduates through a variety of extra-curricular activities through participation of inter-school athletic contest, through the entrance of his more capable students on equal competitive footing with sighted scholars, into local high-schools, special academies, conservatories, and colleges, and through cooperation in the establishment of the Alumni Association of the Maryland School for the Blind;
>
> "5. Support of all worthwhile, countrywide movements in the interest of blind people, to which end he accepted active membership in the American Association of Instructors of the Blind, on the Board of Director of the American Printing House for the Blind, in the American Association of Workers for the Blind, and innumerable committees of these several organizations."

It was all true. Much the same was true of other heads of residential schools who were his contemporaries. Not only have I never suffered disenchantment with my father, neither have I become disenchanted with his friends. I knew them better than I did my own uncles. Mr. Burrit of Overbrook, Dr. Allen of Perkins, Mr. Oliphant of Georgia, Mr. VanCleeve of New York, Mr. Green of Missouri, Mr. Driggs of Utah, Dr. Dow of Minnesota, Mr. Hooper of Wisconsin, Mr. McMannaway of Virginia, Mr. Walker from South Carolina, above all the only one we actually called "Uncle" Tom McAloney of Colorado, who had roomed with my father when they both took master's degrees at Gallaudet. Of late years, reading the words of these men as specialists, I am perhaps more impressed by their wisdom and foresight because I knew them as human beings.

There has been widespread notice of the phenomenon that fatherhood is in a kind of eclipse, and of late the word *paternal* is almost the worst term that can be applied to an institution. To the people so minded such men as my father and his friends have only to be described to be thought of as self-serving potentates, benevolent autocrats at best, and in any case committed to the status quo.

This last they were not. In their prime they were called "Young Turks", and by some thought be Hell-bent on destroying tradition. But like everyone in the 20th Century they were faced with the constant threat of further progress, the balance of their reforms scarcely gaining equipoise before they were challenged by new ideas for innovation. Those who made large investments of their professional competence in architectural reform had hardly a breathing space to admire their comely structures, invisible to the blind, before the idea of education of blind children in public schools began to bite at the heels of the special institution concept. Moreover, rigid architectural segregation of the sexes made attempts to desegregate the sexes awkward at best.

In the folklore of work for the blind is one extremely audible dialog on this subject between Dr. Edward Allen, Director Emeritus of the Perkins School, and Dr. Gabriel Farrel, Director.

Through the Gothic corridors reverberated the words, "I thought I built this place so you couldn't mix boys and girls."

"You made it very hard for me."

In his young days no one had been more aware than Dr. Allen that obsolescence was

Overbrook, an outstanding example of graceful
turn-of-the-century rebuilding.

a demon which could only be kept at bay by a lively dance on "stepping stones of our dead selves to higher things."

An example of his ability to look ahead is found in the following opinion in 1902 in the "Proceedings of the A.A.I.B."

> "We feel also that in the present state of society special residential schools, in spite of some inherent artificiality, will always be necessary. But as we must recognize the injurious effects of too long a sojourn in them of institutionization so we look about to find a remedy. I believe this lies in some plan by which blind children shall spend a part of their school life under normal conditions afforded by increased contact with the world, either by the internat-externat system coming into favor in Germany, by which children are required first to board in the institution and then when vigorously trained are boarded outside, attending the special school as day pupils, or as in the case of London, where education is also compulsory for all, and the young blind attend the Board Schools, being taught a part of the day by special teachers, the other part reciting side by side with the seeing pupils of their intellectual grade."

To nearly all innovators except the most inveterate there comes a time when they no longer have the will to keep up the dance on the stepping stones. Things slow down, one year, two years, five, at best charming, though old-fashioned; at worst stagnant. Superintendents of schools for the blind have not been alone in suffering this experience individually.

Neither are latter day superintendents alone collectively in experiencing the social obsolescence of the fatherly role their predecessors have played. All authoritarian figures are finding strange things happening to their authority. Yet the obsolescence of fatherly goodness must mean something special in residential schools for the blind, because the constitution of such schools so much relied on it, relied on it because the little group of men who ran them (perhaps not more than 200 from the beginning) lived up to their role so well. Sometimes a Heatchcliffe type maintained a shaky tyranny: on one occasion in the presence of his faculty one such threw a bread or carving (authorities disagree) knife at his wife, who picked it up, sharpened it, and handed it back to him. (A cool one she.) But such characters were almost unheard of. And it was even possible for one of the generation before the "Young Turks" to write with perfect sincerity:

> "I think there is no sublimer thing in this world than a good man at the head of a great building with all the facilities for the accommodation of all that dwell in it, assisted by noble men and noble women. For men and women do the best work in this world, not men alone, not women alone, but men and women. Now, sir, with a good man, and what can not be done, if he has a noble, sympathizing heart, that assigns to each one his duty, and then goes forward with the power of a giant and says, this must be done. Certain results must be accomplished. Children must be educated for society and not for the family."

Some of the "Young Turks" took violent exception to the "great building" concept, and my father and Dr. Allen built their cottage system in opposition to it. But both of them continued to play a patriarchal role over the whole complex. House mothers they had a plenty, but not house fathers, at least in the early days, though surrogates from time to time developed under the titles of supervisors and house masters.

Both of them were aware of the need for social experimentation, the redesigning of institutions. But I doubt if either of them ever considered the possibility that there could be an adequate substitute in human performances for what is lately called the "father figure".

And I myself wonder if there are adequate substitutes, though I have a keen interest in efforts to find such and believe that it is impossible to understand much that is going forward except as an effort to develop such substitutes. The obsolescence of fatherly goodness, not only among the helping professions, but among the ubiquitous consumers leaves one of the many voids we struggle to fill. It is no mean void. To fill it will take a very high grade of *siblinghood.*[3] The primal eldest curse of Cain is forever lurking in the garden. We must somehow get it in leash if we are to bring the new age under control.

The Classic Formula

More than 30 years ago Mr. Paul Langan pointed out the following words to me, saying he thought they embodied what we were attempting at the Maryland School for the Blind!

> "The Classic Spirit is the disinterested search for perfection, it is the love

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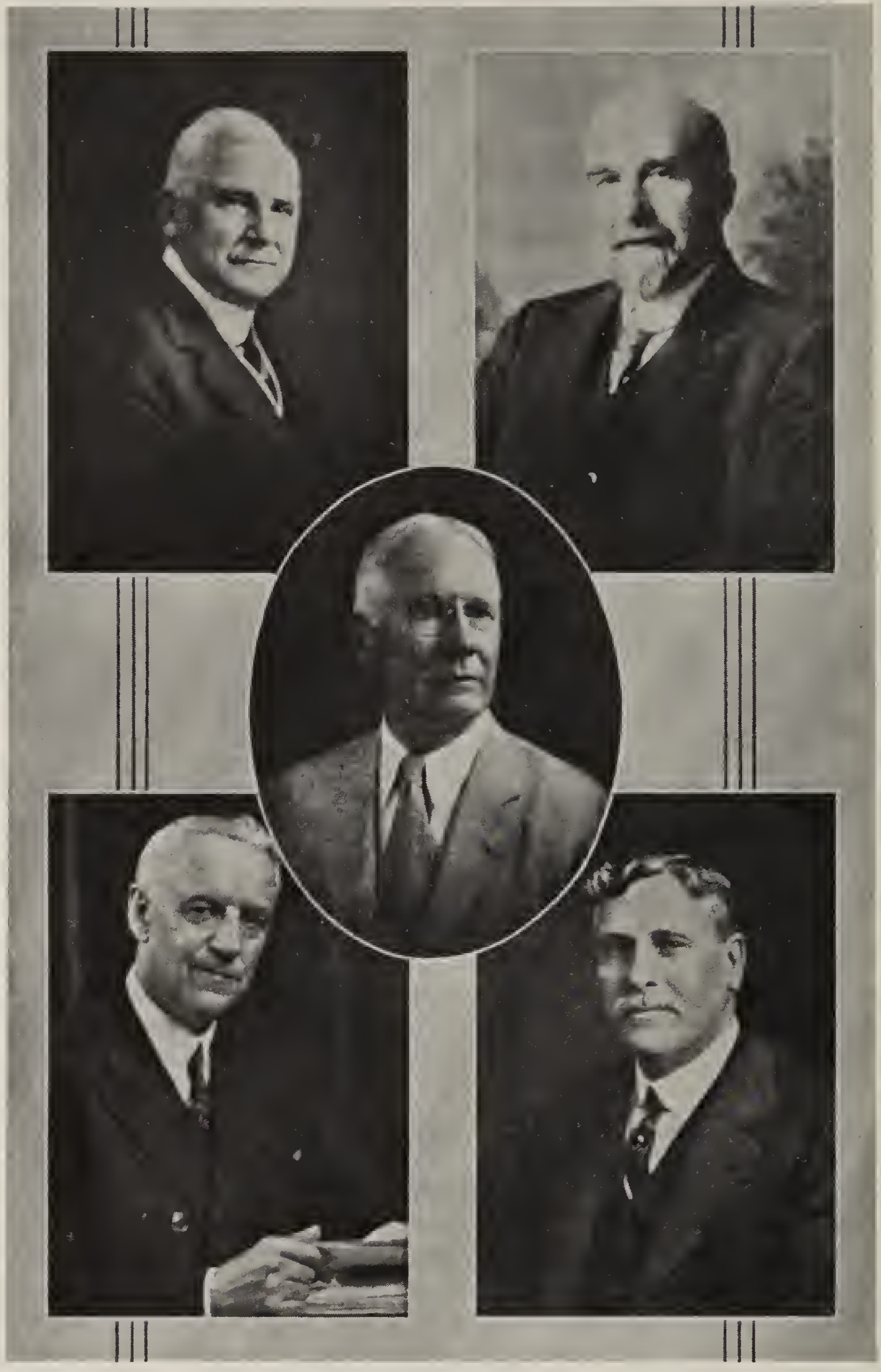
[3] I think I may have coined this usage of sibling, for which may I be forgiven.



"Young Turks"

Upper left, Dr. Edward M. Van Cleve; upper right, Dr. Edward E. Allen; center, John F. Bledsoe; lower left, Dr. Olin H. Burritt; lower right, Thomas S. McAloney

> of clearness and reasonableness and self-control; it is above all, the love of permanence and of continuity. It asks for a work that it be fine and noble. It seeks not merely to express individuality or emotion but to express disciplined emotion and individuality, restrained by law. It strives for the essential rather than the accidental, the eternal rather than the momentary – loves impersonality more than personality, and feels more power in the orderly succession of the hours and the seasons than in the violence of earthquake or of storm. And it loves to steep itself in tradition. It would have each new work connect itself in the mind of him who sees it with all the noble and lovely works of the past, bringing them to his memory and making their beauty and charm a part of the beauty and charm of the work before him. It does not deny originality and individuality – they are as welcome as inevitable. It does not consider tradition as immutable or set rigid bounds to invention. But it desires that each new presentation of truth and beauty show us the old truth and the old beauty, seen only from a different angle and colored by a different medium. It wishes to add link by link to the chain of tradition, but it does not wish to break the chain."

The sheet on which I wrote this down is now yellow with age, has been lost in seas of paper, mourned and retrieved a dozen times during three turbulent decades in which the generations have carried on widespread flirtations with every conceivable form of rebellion and change. But it and its message have ridden through, coming to the surface as perhaps the most durable item in my filing cabinet.

Once briefly I had a conversation with Robert Frost, and he asked me with surprise and amusement, "Have you a *personal* affection for civilization?"

"Yes," I said, "I think I do."

And I think I still do, and associate American residential schools for the blind with civilization, though both may on occasion be as capricious as nature itself.

Certainly the schools are a significant manifestation of the movement of thought, as were the cathedrals of Europe. And in moral imagination they are just a step higher, inasmuch as they define and try to control one of the great hazards to the ideal of equal opportunity.

Library at the Governor Morehead School, N. C.

LISTING OF SCHOOLS BY STATES

Alabama

ALABAMA INSTITUTE FOR THE DEAF AND THE BLIND, Talladega, Ala. 35160–W. W. ELLIOTT, Pres. GEORGE DABBS, Principal SCHOOL FOR THE BLIND (Phone: 205–362-2832).

Arizona

ARIZONA STATE SCHOOL FOR THE DEAF AND THE BLIND, P.O. Box 5545, Tucson, Ariz. 85703–EDWARD W. TILLINGHAST, Supt. (Phone: 602–622-35-4).

Arkansas

ARKANSAS SCHOOL FOR THE BLIND, 2600 W. Markham St., Little Rock, Ark. 72203–J. M. WOOLLY, Supt. (Phone: 501–663-4186).

California

CALIFORNIA SCHOOL FOR THE BLIND, 3001 Derby St., Berkeley, Calif. 94706–DR. EVERETT E. WILCOX, Superintendent. (Phone: 415–843-2663).

Colorado

COLORADO SCHOOL FOR THE DEAF AND THE BLIND, Kiowa and Institute Sts., Colorado Springs, Colo. 80903–ARMIN G. TURECHEK Supt. (Phone: 303–633-3843).

Connecticut

CONNECTICUT INSTITUTE FOR THE BLIND, OAK HILL SCHOOL, 120 Holcomb St., Hartford, Conn. 06112–FRANK JOHNS, JR., Supt. (Phone: 203–242-2274).

Florida

FLORIDA SCHOOL FOR THE DEAF AND THE BLIND, Box 1209 San March Ave., St. Augustine, Fla. 32084–DR. WILLIAM J. McCLURE, Pres. (Phone: 904–824-1654).

Georgia

GEORGIA ACADEMY FOR THE BLIND, 2895 Vineville Ave., Macon, Ga. 31204–WILLIAM LEE JONES, Supt. (Phone: 912–745-9247).

Hawaii

HAWAII SCHOOL FOR THE DEAF AND THE BLIND, Dept. for the Blind, 3440 Leahi Ave., Honolulu, Hawaii 96815–SANTIAGO AGGAOILI, Prin. (Phone: 808–740297).

Idaho

IDAHO STATE SCHOOL FOR THE DEAF AND THE BLIND, 14th and Main Sts., Gooding, Idaho 83330–EDWARD W. REAY, Supt. (Phone: 208–934-4423).

Illinois

HOPE SCHOOL FOR BLIND MULTIPLE HANDICAPPED CHILDREN, 50 Hazel Lane, Springfield, Ill. 62703–MAURICE TRETAKOFF, Director. (Phone: 217–529-5537).

ILLINOIS BRAILLE AND SIGHT SAVING SCHOOL, 658 E. State St., Jacksonville, Ill. 62650–JACK R. HARTONG, Supt. (Phone: 217–245-4101).

Indiana

INDIANA SCHOOL FOR THE BLIND, 7725 College Ave., Indianapolis, Ind. 46240–DURWARD A. HUTCHINSON, Supt. (Phone: 317–253-1481).

Iowa

IOWA BRAILLE AND SIGHT SAVING SCHOOL, Vincton, Iowa 52349–DR. FRANK ROCCO, Supt. (Phone: 319–472-2121).

Kansas

KANSAS SCHOOL FOR THE VISUALLY HANDICAPPED, 1100 State Ave., Kansas City, Kansas 66102–Dr. R. L. OHLSEN, JR., Supt. (Phone: 913–281-3308).

Kentucky

KENTUCKY SCHOOL FOR THE BLIND, 1867 Frankfort Ave., Louisville, Ky. 40206–L. P. HOWSER, Supt. (Phone: 502–897-1583).

Louisiana

LOUISIANA STATE SCHOOL FOR THE BLIND, 1120 Government St., Baton Rouge, La. 70802–K. N. ORILLION (Phone: 504–342-7920 or 504–343-5911).

LOUISIANA STATE SCHOOL FOR BLIND, at Southern University, Post Office, Baton Rouge, La. 70813–Dr. G. LEON NETTERVILLE, JR., Supt. (Phone: 504–775-6300, Ext. 305 or 504–775-6066).

Maryland

MARYLAND SCHOOL FOR THE BLIND, 3501 Taylor Ave., Baltimore, Md. 21236–HERBERT J. WOLFE, Supt. (Phone: 301–444-5000).

Massachusetts

PERKINS SCHOOL FOR THE BLIND, 175 N. Beacon St., Watertown, Mass. 02172–Dr. EDWARD J. WATERHOUSE, Dr. (Phone: 617–924-3434).

Michigan

MICHIGAN SCHOOL FOR THE BLIND, 715 W. Willow St., Lansing, Mich. 48906–Dr. ROBERT H. THOMPSON, Supt. (Phone: 517–373-3730).

Minnesota

MINNESOTA BRAILLE AND SIGHT SAVING SCHOOL, Faribault, Minn. 55021–MELVIN VOXLAND, Supt. (Phone: 502–334-6413, Ext. 349).

Mississippi

MISSISSIPPI SCHOOL FOR THE BLIND, 1252 Eastover Dr., Jackson, Miss. 39211–R. C. BENTON, Supt. (Phone: 601–366-1863).

Missouri

MISSOURI SCHOOL FOR THE BLIND, 3815 Magnolia Ave., St. Louis, Mo. 63110–DONALD W. JOHNSON, Supt. (Phone: 314–776-4320).

Montana

MONTANA SCHOOL FOR THE DEAF AND THE BLIND, 3800 Second Avenue North, Great Falls, Mont. 59401–FLOYD J. McDOWELL, Supt. (Phone: 406–453-1401).

Nebraska

NEBRASKA SCHOOL FOR THE VISUALLY HANDICAPPED, Nebraska City, Nebr. 68410–JERRY L. REGLER, Supt. (Phone: 873-3259).

New Mexico

NEW MEXICO SCHOOL FOR THE VISUALLY HANDICAPPED, Box 457, Alamogordo, N.M. 88310–DONALD H. EDWARDS, Superintendent. (Phone: 505–437-3505 or 505–437-3506).

New York

LAVELLE SCHOOL FOR THE BLIND, E. 221st St. and Paulding Ave., New York, N.Y. 10469–SISTER M. FLORETTA, O. P., Supt. (Phone: 212–882-1212).

NEW YORK INSTITUTE FOR THE EDUCATION OF THE BLIND, 999 Pelham Parkway, New York, N.Y. 10469–Dr. M. E. FRANPTON, Director. (Phone: 212–547-1234).

NEW YORK STATE SCHOOL FOR THE BLIND, Richmond Ave., Batavia, N.Y. 14020–LELAND C. SANBORN, Supt. (Phone: 716–343-5384).

North Carolina

THE GOVERNOR MOREHEAD SCHOOL, 301 Ashe Ave., Raleigh, N.C. 27606–SAMUEL J. COLE, Supt. (Phone: 919–834-2579).

North Dakota

NORTH DAKOTA SCHOOL FOR THE BLIND, 500 Stanford Rd., Grand Forks, N.D. 58201–HERBERT D. JEFFREY, Supt. (Phone: 701–772-6121).

Ohio

OHIO STATE SCHOOL FOR THE BLIND, 5220 N High St., Columbua, Ohio 42314–D. W. OVERBEAY, Supt. (Phone: 614–888-1325).

Oklahoma

OKLAHOMA SCHOOL FOR THE BLIND, 3300 Gibson St., P.O. Box 309, Muskogee, Okla. 74401–V. R. CARTER, Supt. (Phone: 918–682-5111).

Oregon

OREGON STATE SCHOOL FOR THE BLIND, 700 Church St., S. E., Salem, Ore. 97310–CHARLES C. WOODCOCK, Supt. (Phone: 501–363-1661 or 503–364-2171, Ext. 251).

Pennsylvania

OVERBROOK SCHOOL FOR THE BLIND, 64th St. and Malvern Ave., Philadelphia, Pa. 19151–D. W. OLSON, JR., Prin. (Phone: 215–877-0313).

ROYER-GREAVES SCHOOL FOR BLIND, S. Valley Road, Paoli, Pa. 19301–MRS. WALTER S. PERRY, Dir. of Educ. (Phone: 215–644-1810).

WESTERN PENNSYLVANIA SCHOOL FOR BLIND CHILDREN, Bayard St. at Bellefield, Pittsburgh, Pa. 15213–Dr. ALTON G. KLOSS, Supt. (Phone: 412–621-0100).

Puerto Rico

INSTITUTE LOAIZA CORDERO PARA NINOS CIEGOS, Avenue Fernandez juncos, Box 8622 – Fdez. Juncos Sta., Parada 19, Santurce, P.R. 00910–MISS CELSA C. ALONSO, Directress. (Phone: 724-0893).

South Carolina

SOUTH CAROLINA SCHOOL FOR THE DEAF AND THE BLIND, Spartanburg, S.C. 29301–NEWTON F. WALKER, Supt. (Phone: 803–582-4419).

South Dakota

SOUTH DAKOTA SCHOOL FOR THE BLIND, State Street and 17th Ave., Aberdeen, S.D. 57401–GEORGE N. McCREA, Supt. (Phone: 605–225-0300).

Tennessee

TENNESSEE SCHOOL FOR THE BLIND, 115 Stewarts Ferry Road, Nashville, Tenn. 37214–CLAY CABLE, Supt. (Phone: 615–883-1720 or 615–741-4431).

Texas

TEXAS SCHOOL FOR THE BLIND, 1100 W. 45th St., Austin, Texas 78756–DR. ROBERT A. HANSON, Supt. (Phone: 512–452-7621).

Utah

UTAH SCHOOL FOR THE BLIND, 742 Harrison Blvd., Ogden, Utah 84404–DONALD H. EDWARDS, Prin.(Phone: 801–399-5635).

Virginia

VIRGINIA SCHOOL FOR THE DEAF AND THE BLIND, Staunton, Va. 24401–JOE R. SHINPAUGH, Supt. (Phone: 703–886-0791).

VIRGINIA SCHOOL AT HAMPTON, Hampton, Va. 23361–WILLIAM J. McCONNELL, Supt. (Phone: 703–245-0052).

Washington

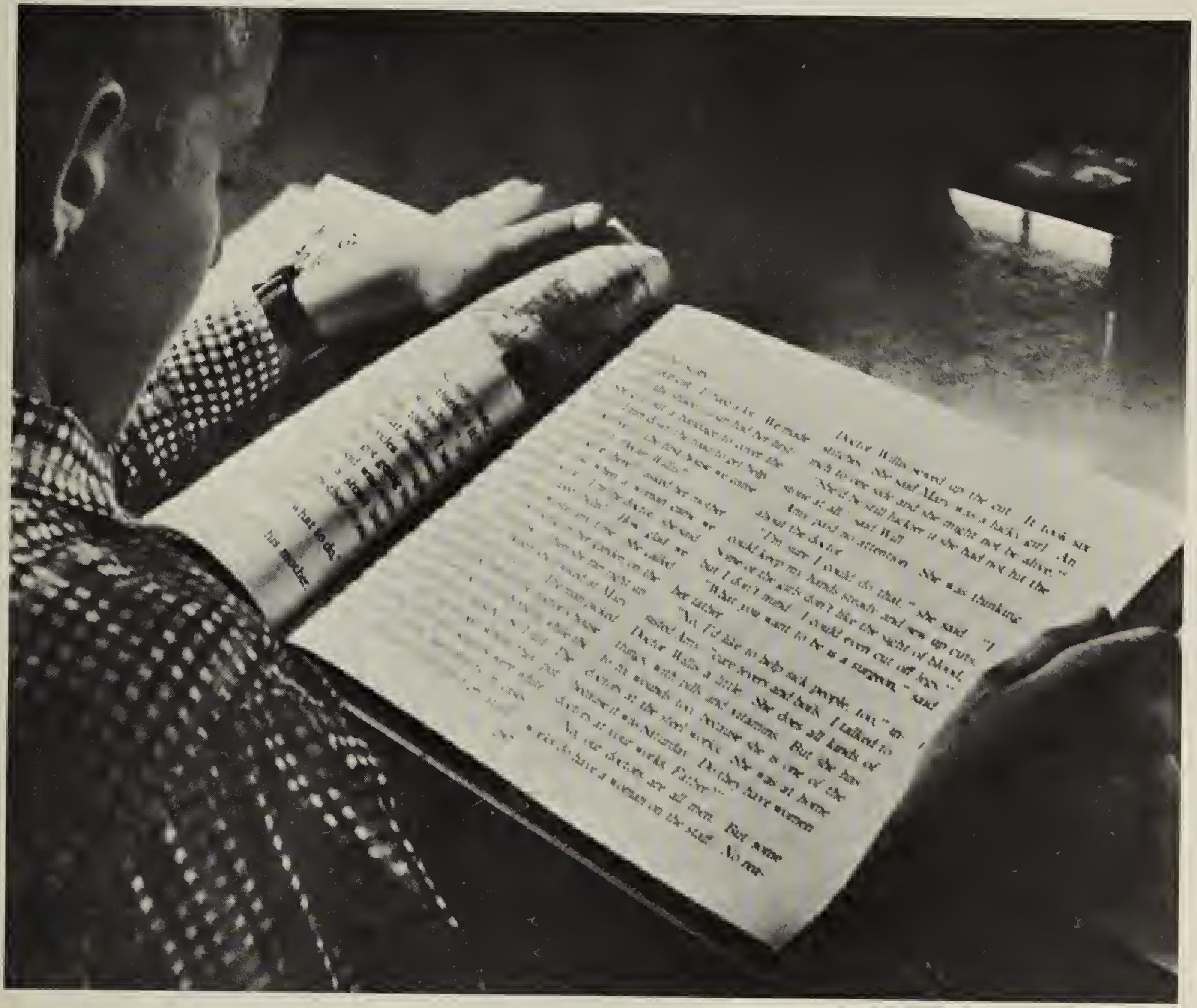
WASHINGTON STATE SCHOOL FOR THE BLIND, P.O. Box 1865, Vancouver, Wash. 98863–BYRON BERHOW, Supt. (Phone: 206–694-1516).

West Virginia

WEST VIRGINIA SCHOOLS FOR THE DEAF AND THE BLIND, Romney, W. Va. 26757–ELDON E. SHIPMAN, Supt. (Phone: 304–822-3521).

Wisconsin

WISCONSIN SCHOOL FOR THE VISUALLY HANDICAPPED, 1700 W. State St., Jamesville, Wisc. 53545–MR. WILLIAM H. ENGLISH, Supt. (Phone: 608–754-4487).



NEW YORK STATE SCHOOL FOR THE BLIND – BATAVIA

STATISTICAL INFORMATION 1968–69

DISTRIBUTION OF STUDENTS BY AGE AND GRADE
1968–69

Grades	Ages																	Totals
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Kindergarten		3	2	1														6
First		1	4	2														7
Second				4	2													6
Third				2	2	3		2										9
Elementary I						1	1		2									4
Fourth					3	3	3	1										10
Elementary II									2	1	3							6
Fifth						3	4	3										10
Sixth								1	1	2	2	3						9
Seventh								1	1	3	6	3	1	1	1			17
Eighth									4	5	3	3	5					20
Ninth										3	17	3	3	4				30
Tenth											7	3	3	2	1			16
Eleventh												7	5	4				16
Twelfth													6	4				10
Intermediate										3	3	1						7
Advanced class												3	2	1				6
Totals		4	6	9	7	10	8	8	10	17	41	26	25	16	2			189

REGISTRATION AND ATTENDANCE

There were 180 students registered in the New York State School for the Blind at the end of the school year 1968–69. The total enrollment for the school year was 189; 97 boys and 92 girls, with 5 day students included.

Total Enrollments for the Past 10 Years

1959 — 212 pupils
1960 — 195 pupils
1961 — 193 pupils
1962 — 200 pupils
1963 — 195 pupils

1964 — 199 pupils
1965 — 196 pupils
1966 — 196 pupils
1967 — 186 pupils
1968 — 189 pupils

The average enrollment for the school year was 176.6 as compared with 174.9 for 1967–68.

Students Grouped by Ages

5–9	26
10–15	53
15–19	110

CAUSES OF BLINDNESS

1968–69

	Boys	Girls	Total
Retrolental fibroplasia	54	52	106
Cataracts	9	12	21
Glaucoma	14	3	17
Optic atrophy	7	4	11
Amblyopia (macular abiotrophy)	1	1	2
Macular dystrophy	1	0	1
Retinoblastoma	2	2	4
Retinal dysplasia (abnormal tissue develop)	1	0	1
Retinal dystrophy (defective)	0	1	1
Retinal Fibrosis	0	1	1
Retinal atrophy	1	0	1
Detached retina	1	1	2
Retinal degeneration	0	1	1
Macular degeneration (one*heredomacular)	*1	1	2
Aniridia (Absence of the iris)	1	0	1
Microphthalmia (small eyes)	2	2	4
Nystagmus	1	1	2
Mesodermal dysgenesis iris & cornea	0	1	1
Sympathetic Ophthalmia (endophthalmitis)	1	1	2
High Myopia	1	2	3
Dislocated lens	0	1	1
Rubela	0	1	1
Accidental:			
Cortical blindness	1	0	1
Penetrating injury	0	1	1
Unknown —	0	0	1
	99	90	189

REHABILITATION COUNSELING WITH THE BLIND: PRACTICE AND THEORY

By G. D. Carnes, Ph.D.

The growth of rehabilitation services during the past 50 years has enriched the lives and provided opportunities for countless handicapped individuals (16, 23). Public and private programs have proliferated, the financial base has greatly increased, and both eligibility limitations and types of available services have been expanded to better meet the needs of this nation's disabled citizens (19, 21, 25).

Yet, the visually handicapped have not fared so well since early legislation and related practice interpreted the blind as totally disabled and infeasible candidates for competitive employment (18). Only during the last three decades has legislation and philosophy endowed the blind with a rehabilitation potential comparable to other disability groups; especially during the last two decades increasing numbers of blinded individuals have been restored to independent lives. As another part of the continuing growth in the rehabilitation movement, it was largely during these same years that professionalism entered rehabilitation counseling, beginning with the federal legislation in 1954 that financed academic training programs which have grown from the original handful to the large number today. With increasing numbers of graduates from these training programs entering counseling positions, the intent of this writing is to explore some relationships between the current level of professional development in counseling with the blind and related theory in rehabilitation counseling.

Professionalism in Rehabilitation Counseling with the Blind

Indices to evaluate the level of professionalism in an agency program, although admittedly approximations, generally include required educational or training levels, salaries and benefits, and the relationships between the two. It is assumed, generally, that higher educational requirements along with increased salary levels would more likely attract better qualified individuals whose performance may be characterized as "professional." Obviously, this leaves unanswered more refined but relevant questions concerning the content of an educational program, the differential value of the same salary level throughout the country, and personal characteristics (e.g., dedication of the individual). It may be contended that such questions constitute limitations, not barriers, for evaluation by assuming that the most dedicated person requires a reasonable level of skill and knowledge, agencies will tend to employ persons with the more relevant education for their needs within the competitive level of their salary scale, and comparisons may be further validated by appropriate local contrasts.

A review of the 11,000 workers engaged in programs providing direct services for the blind found that the 376 vocational rehabilitation counselors earned an average annual salary of $7080 compared to $8410 for secondary school teachers and $7890 for elementary teachers during the same time period (1). Their text cites a National Rehabilitation Counseling Association study for the same year, demonstrating that general agency rehabilitation counselors earned $530 more annually. Reference to a published table for comparison led to the conclusion that vocational rehabilitation counselors for the blind earned annual salaries that were less, or no better, than bachelor's degree level technicians without experience. For counselors employed by private agencies serving the blind, the comparison was even worse.

In a slightly later survey of counselor salary levels (7) it was found that beginning salaries for general agencies (N=53) were $7292 (S.D.=$550) and agencies for the blind (N=28) were $6977 (S.D.=$554) while highest salaries were, respectively, $11,191 (S.D.=$781) and $9731 (S.D.=$590). To assure that these national annual averages are not misrepresentative, judgments made for beginning and maximum salaries using within state comparisons revealed the following for salary levels: general agency higher, 13; both same, 6; agency for the blind higher, 3; inconsistent, 6. With regard to benefits, it was further reported that both types of counselors were employed under state civil service and merit systems to an equal degree (about 70 percent), but only 32 percent of the agencies for the blind provided higher salaries for higher degrees while that for general agencies was 46 percent. Systems providing for retirement were found to be for counselors in general agencies and agencies for the blind, respectively: social security, 80 percent and 48 percent; teacher retirement, 37 percent and zero; and state merit, 44 percent and 63 percent.

Data published in this review permits a more gross comparison between these agencies with respect to educational requirements as follows: general agency higher, 6; both same, 17; agency for the blind higher, 3; inconsistent, 2. Data reported in this same study for general agencies, only, also provides some normative information useful as a context for the present discussion. It was reported that the number of agencies requiring a minimum of less than the bachelor's degree, bachelor's degree, or master's degree to hold the following job titles were, respectively: Counselor I – 2, 43, 3; Counselor II – 00, 21, 16; Counselor III – 00, 14, 10; Counselor IV – 00, 6, 4. Thus, it would appear that a floor has generally been established requiring at least the bachelor's degree for the title "Counselor," but there is some tendency for the master's degree to be required for higher levels. The American Foundation for the Blind report indicates that the percentage of agencies requiring the master's degree or higher for counseling positions has risen from 28 percent in 1953 to 37 percent in 1966, and the requirement of the master's degree for counselor supervisor positions had increased from 36 percent to 49 percent respectively. The National Rehabilitation Counseling Association study concludes that educational requirements are in general increasing, and the gap between those of general agencies and agencies for the blind, both with respect to educational requirements and salaries, is lessening, and discrepancies are least at higher levels.

It must be emphasized that these trends represent national averages, and there are many individual regional and state exceptions in all areas. However, it would appear that, again, the blind fare less well. How directly this lower level of professionalism will affect the quality of rehabilitation services provided to visually handicapped individuals remains an open question since there are no studies which assess the pertinent variables directly. However, a recent publication comparing many variables using counselors in several types of agencies provides some indirect contrasts by inferences from findings regarding the counselors' work and attitudes.

Rehabilitation Counselors' Roles and Functions

Muthard and Salomone (15) in a complex, stratified, random sample of counselors from general agencies, agencies for the blind and rehabilitation facilities, studied their work tasks and duties, attitudes and personal characteristics. The design permitted comparisons between these types of counselors upon many variables as well as contrasts with supervisors, administrators and rehabilitation counselor educators. Their sample was national in scope, carefully chosen, and involved the use of excellent methodology including objective measures, computer analysis and statistical validations. It must be stressed that only a small part of their material will be discussed, and that part chosen represents findings and data relevant to work with the blind. However, care was exercised not to extract material from its context in a distorted manner, and for that reason some general results should be presented.

The sample of 378 counselors included 56 percent from general rehabilitation agencies, 29 percent from rehabilitation facilities and 15 percent from agencies for the blind. Counselors in agencies serving the blind cooperated significantly less well than the other counselor groups, and, while the experimenters explain this by reference to the need for readers, it is noteworthy that over three times as many agencies for the blind failed to return questionnaires in the previously discussed National Rehabilitation Counseling Association study. The authors note that master's level graduates were less well represented in the agency for the blind sample (a fact which will become important later in this discussion), but they generally were more experienced. While counselors in general agencies and agencies serving the blind will engage in about 87 percent of the work tasks at some time, they differ in the likelihood of engaging in many specific tasks. Compared to the counselors for agencies for the blind, general agency counselors are more likely to engage in evaluational tasks such as assessing the client's reactions to his disability, reviewing medical reports and interpreting test data. They are also more likely to consult with other agencies and supervise other workers and students. Counselors in general agencies and agencies for the blind do more different kinds of rehabilitation planning, test administration and job placement tasks than do facility counselors. The majority of rehabilitation counselor activities can be described by eight duty factors with about a third of the time to counseling and guidance; a fourth in reporting, recording and performing clerical tasks; and only about 7 percent of the time was allotted to placement functions. However, counselors in agencies serving the blind spent only 28 percent of their time in counseling and guidance, compared to general agencies' 34 percent, and traveled 16 percent of the time compared to the general agencies' 8 percent. Consistent with their more therapeutic orientation, facility counselors were found to spend 41 percent of their time in counseling and only 2 percent of their time in travel. The authors also conclude that general agency counselors, more than those in agencies for the blind, assign more importance to the task of integrating test findings while the latter are more job placement (seeking, preparing, training and follow-up) oriented. A more exhaustive analysis of the significant differences and their patterns made possible by the data published in this study, suggests a number of more delineated concepts.

1. Counselors in agencies serving the blind tend toward a more directive, paternal counseling approach. This concept was suggested by the counselors in agencies for the blind, more than the other counselor groups, attaching greater importance to the following items: "Suggest to the client occupational areas compatible with the vocational, psychological and social information gathered to improve the appropriateness of his choice;" "judges the level and type of training at which the client is capable in order to assist him in making a realistic vocational choice;" "reviews instructions with naive, retarded or immature clients to be sure they use prescribed medication properly;" "incorporates information covering broad occupational areas and specific jobs into the counseling interview;" while the following items were rated the lowest among the counselor groups: "recommends and makes available occupational materials for the client to read," and (except facility) "examines with the client the consequences of his disability and its vocational significance."

2. Counselors in agencies serving the blind manifest a pattern that may be interpreted either as further evidence of a directive orientation or insufficient utilization of technical resources. Among the counselor groups, the counselors in agencies for the blind attached the least importance to the following: "(discusses results from) group intelligence and special aptitude tests, e.g., . . . ;" "(uses) Occupational Outlook Handbook, occupational files, (briefs, abstracts, etc.);" "(administers) group intelligence and special aptitude tests;" and "helps clients through group procedures to learn and use new ways to deal with their problems." Except for facility counselors, counselors in agencies for the blind also attached the lowest importance to the following: "refers clients for psychiatric treatment;" "decides if medical or psychological services will reduce the vocational handicaps;" "evaluates the client's past work adjustment by securing employer recommendations and evaluations."

3. A pattern is suggested, but it is unclear whether it merely represents inconsistent data or a role conflict in counselors in agencies serving the blind between independent function and cooperative activities. Among the three groups, counselors in agencies for the blind rated with least importance "establishes working relationships with community organizations and leaders to secure referrals," while ranking the highest, "refers individuals who are ineligible for, or unsuited to the agency's services, to other social agencies." This group also attached the most importance to "evaluates the family's interest, involvement, and cooperation in the rehabilitation process" and "talks with the client's relatives concerning problems arising from rehabilitation services, training, etc." The item, "collaborates with cooperating rehabilitation workers in planning and executing the client's rehabilitation plan," did not distinguish between agency for the blind and general agency counseling groups although facility counselors attached more importance.

4. An interpretation that counselors in agencies serving the blind manifest a narrow, closure centered, work orientation is not supported by their assigned importance to psychological and motivational factors. More than the other groups, they indicated importance to "interviews an unmotivated client, perhaps over several meetings, to develop his motivation for remunerative employment;" "interview the client after he is employed to provide support and reassurance;" and (except facility) "discusses the client's interpersonal relationships in order to help him better understand their nature and quality" and "counsels clients to help them understand or change their feelings about themselves and others." It is interesting to note that general agency counselors tended to attribute low importance to these last two items in contrast to agency for the blind and facility counselors. Additionally, counselors in agencies for the blind attributed greater importance to the master's degree in rehabilitation counseling as useful in the performance of work tasks and lesser value to years of experience. This is a striking finding in view of the fact mentioned earlier that those in agencies for the blind were significantly lower in master's level representation but averaged more years of work experience.

Relations to Counseling Theory and Practice

Since the patterns extracted so clearly deviate from the traditional non-directive model which dominated rehabilitation counselor education, it would be tempting to conclude that they stem solely from lesser professionalism. Task importance ratings by rehabilitation educators as a group tended to ascribe more significance to many items far more than all counselor groups, and something of a pattern emerged. Contrasted to counselor groups, counselor educators attributed lesser importance to content focusing upon employment, work adjustment, considerations surrounding the disability, specialized medical areas and broad environmental influences and contacts. They especially emphasized content concerning psychological testing, democratic counseling, resource utilization, professional collaboration and coordination generally. Again, it should be emphasized that these averaged importance ratings represent a national sample, and there are many individual differences among educators who vary considerably in their therapeutic versus vocational counseling orientation. That the educator's judgments constitute an unimpeachable criterion may be questioned from several directions, including Muthard's and Salomone's own reactions:

> It is possible to view the differences among rehabilitation counselor educators and agency head supervisors with considerable alarm and admonish the educators to realign their curricula with the real world. One might easily say that the educators need to adjust their expectations and their programs so as to provide optimal preparation for agency employment. . . . . A more temperate reaction might be that curricula for rehabilitation counselors probably need to change in some ways, but the agencies' conceptions of how rehabilitation counselors can be best used may also need modification. (p. 138)

Rehabilitation counselors employed by state agencies for the blind probably work regularly with more severely disabled clients in a direct environment situation than the other counselor groups. The relevance of traditional non-directive theory and practice for rehabilitation clients has been questioned in other writings (6, 22), especially as groups disparent from the original bright, verbal, middle class college population upon which it was founded, are added to service caseloads. It was concluded that non-directive techniques often are not effective, but rather than revise the theory, disciples defined incompatible procedures as administration (coordination), and thus labeled many standard rehabilitation counseling tasks as other than true "counseling." However, other psychological practice models accept the equivalence of such methods, including directive techniques, and the research of Lawlis (10-14) suggests that in many instances they may be preferable. Lawlis demonstrated through extensive personality research on several client disability types as well as a general rehabilitation client sample, that three basic configurations emerge: the submissive (dependent), the democratic (normal), and the rebel (hostile and anti-social). These are related to theoretical personality types advanced by Horney (9), parallel categories of learning styles, and, more important to the present discussion, research identifying the optimum match with counselor approach for maximum rehabilitation gains. Counseling approaches were identified as either directive, equalitarian or permissive, and it was found that the most gains occurred when matching was as follows: directive counseling to submissive clients, equalitarian counseling to democratic clients, and submissive counseling to rebellious clients. Further, it was demonstrated that least gains and maximum conflicts emerged when the match was directive to rebel and permissive to submissive, while the equalitarian approach held little effectiveness beyond the normal clients. Thus, the best counseling approach for the typical public offender (rebel), would be the opposite of that recommended for the welfare client (dependent). Before attempting to implement this concept in practice, a detailed reading is essential to fully understand what is meant by the terms, since, for example, by "permissive" Lawlis refers to an approach in which the counselor avoids open confrontation or direction and avoids interjecting value judgments but does point out practical and social consequences of the client's hostile or anti-social behavior.

The directive approach, suggested by the cited data as more typical of counselors in agencies for the blind, may then be quite appropriate to the type of client and is not necessarily attributable to a lack of adequate skill. Yet the pattern which, for example, attached lesser importance to discussing the significance of his disability with the client, or the results of ability and aptitude testing, and minimized use of several resources such as employment trends, occupational materials and consultative experts, cannot adequately be explained entirely as responsive to the counseling needs of the client population. Inadequate planning and/or use of technical resources for the blind client has been acknowledged (24) and problems in the use of psychological consultation along with new, helpful developments, perhaps unknown to counselors, has been discussed by Bowman (2). A great need for the development of many resources, such as occupational materials, in a media useful for blind clients probably is also implied by the findings. Moderately speaking, implications in two directions are suggested. On a national basis, counselors in agencies for the blind need to improve procedures and attitudes toward assessment and evaluation, use of technical resources, broader, two-way interactions with the community and possibly some increases in client self-determination. For rehabilitation counseling theory and practice, a broader perspective appears necessary which requires the capacity to shift counseling approach and emphasis to meet the varying personality and environmental needs of differing clients and client groups. As a first step in this direction, the following section will develop a proposed model for rehabilitation counseling that addresses itself to this requirement.

A Conceptual Model

Figure 1 — The Counseling Continuum

Increased Depth →

Cafeteria	Guidance	Comprehensive	Therapeutic	Psychotherapy
Style	Counseling	Counseling	Counseling	Treatment

← Decreased Depth

Figure 1 presents a simplified outline of the conceptual model that places counseling on a continuum which might be sub-titled "Levels of Counseling." As will become clear in the following discussion, the categories are not discreet units, but shade into each other as in any continuing dimension. As indicated by the arrows, progressive movement in counseling may be either to the left or right, depending upon the nature of any specific case, and provision of traditional services may proceed from any point on the continuum. The characteristics of the major points on the continuum will be presented first, followed by a discussion of those aspects which vary systematically with movement along the dimension, and concluding with recommended guidelines regarding which approach level would be desirable for any case at some specific point in time.

Cafeteria Style

Note that the term "style" is used rather than the word "counseling" for this first category. This is to emphasize that the approach does not merit a professional label. The counselor's role is to provide services at the client's request much like a cafeteria line, without adequate, if any, reflection, evaluation or involvement. The underlying assumptions are that the client is always right, possesses adequate information and judgment to make decisions, and that the counselor can do little more than facilitate the client's desires. One, or more, of several factors may lie behind the utilization of this approach: lack of real interest in the client; preoccupation with agency quotas or personal achievement record; inadequate professional knowledge or skill; and misguided attempts by the counselor to be "non-directive." Often, there is the assumption that, because the client presents himself in the counselor's office, he is motivated for rehabilitation, which may not always be the case. Frequently, there is insufficient evaluation of either the medical information or its implications regarding the client's rehabilitation plans. In short, this approach constitutes a mechanical routine that processes cases in a very simple-minded fashion.

Among the many examples that might be given to illustrate this category, along with its attendant dangers, one especially comes to mind. A bright, ambitious graduate from a mid-western school for the blind approached his state agency counselor and requested college training. The counselor, reviewing records of high school achievement, responded favorably and requested a college goal. When the client could provide none but wondered what course of study he might pursue, the "counselor" advised him to go home, "think it over," and return when some decision had been reached. The client asked many persons in his home town, "What takes the longest in college?" and when "law" was the most frequent reply, returned to announce his goal. Semester after semester, year after year, this totally blind student studied pre-law, becoming vaguely discontented but locked into his decision. Finally, during his first semester of law school, a nervous collapse was experienced, requiring the student's withdrawal from the college and ultimate placement as a dictaphone typist. After many months, he found the services of a true "counselor" who provided proper assessment and counseling which culminated in a different goal for graduate study and ultimate professional placement at a level, and of a type, which would make this individual's name recognizable to many readers were it mentioned.

The dangers of a cafeteria style approach are also conveyed in the research literature, regarding which, two studies might be mentioned. Comparing the vocational goals from a group of individuals from an adolescent psychiatric clinic who sought advisement and a matched control group from a regular school, the findings of Small (20) have significant implications. Subjects from each group furnished their first and second vocational choices which were coded and compared against a realism score determined by the relationship between the rated requirements of the job and the rated characteristics of each subject. The pattern of choices for the clinic group was exactly the opposite of that for the control group. The clinic subjects' choices moved from least realistic to most realistic, while the control pattern was from most realistic to least. What would have happened in the rehabilitation of these individuals if the counselor had accepted, cafeteria style, the first choice of the clinic group? The author suggests that we all combine fantasy and reality in our goals, and, individuals with less psychological integration allow fantasy to prevail inordinately. However, as additional choices are requested, suggesting that first offerings were not acceptable, the underlying knowledge that wish fulfillment had predominated prompts an increasing increment of reality in later choices. In contrast, psychologically healthy individuals, secure in the realism which dominated their first choice, can move to greater freedom in wish fulfillment as additional preferences are mentioned. The degree to which there is lesser psychological integration determines how substantially the client's goals must be questioned and from the evidence reviewed by Carnes (5) this factor poses a significant problem for rehabilitation. That these implications are not restricted to the psychiatric area is demonstrated by the research of Pool (17) who found discrepancies between surface level interest assessment and depth appraisal positively correlated with measures of psychological abnormality. His study, utilizing patients in medical rehabilitation programs, indicated that the individual's more conscious vocational choice was less likely to be supported by depth appraisal as he deviated from psychological normality. It should be stressed that in the study by Small the subjects were not grossly disturbed so that goals would obviously be suspect, and in the study by Pool the subjects had never been identified as abnormal.

So there can be no misunderstanding, it must be strongly stated at this point that the converse of cafeteria style is not recommended. That is, this is not to imply that every goal of every client must be automatically challenged. There is a great difference in the uncritical acceptance of a client's goal and its acceptance after it has been adequately studied, evaluated and discussed, finding it both realistic and satisfying. As proven in the legitimate counseling approaches to follow, the extensive waste in agency funds, counselors' time and clients' lives through cafeteria style is most unfortunate and unnecessary.

Guidance Counseling

Guidance counseling stresses rational planning and evaluation. It assumes that sometimes the client might be wrong in his preferences and the counselor just might, sometimes, be able to meaningfully intervene in the goal choice process. It does, however, usually assume motivation, not uncritically, but in the absence of danger signs and in the presence of positive indications. The keynote is logic, which implies that predictable factors are involved, from which stem orderly procedures and consequences that may be dealt with by counselor and client. Thus, *evaluation* stands out as a primary focus in this approach, and it may be represented in many areas.

Psychological assessment of aptitudes, abilities and interests is a type of evaluation often encountered in guidance counseling. In contrast to one corollary of cafeteria style, "you just have to try things out and see if they work," it is often possible to predict outcomes. Good aptitude tests are based upon evidence that there are underlying potentialities which, with training, can be developed into abilities, but without which, training will be of little avail. Ability tests can predict a client's probability of successfully engaging in a given occupation without exposing him to the stress, possible failure and the absorption of unnecessary agency resources often found in placement in the real life situation. One counselor for the blind commented, "Every blind person should go to college." College is a highly competitive situation wherein a person's intellectual ability sets definite limits as to what may be realistically attained. Since blind as well as sighted people vary in intelligence, at least 85 percent of blind rehabilitation clients cannot realistically consider a college goal. Colleges do differ in the average level of intellectual ability, and proper evaluation through intelligence testing can help determine the school in which a client will have the greatest probability of success. Contrasting with mere personal choice, the Strong Vocational Interest Blank has provided high positive correlations over a 30 year follow-up period between occupations pursued and vocational areas which received high scores. This test was constructed using data from individuals happily and successfully engaging in many different occupations, thus permitting a client's comparison by the manner of his responses that generates predictions amply documented in the literature. In fact, this test is so valuable that, in my opinion, no client should be enrolled in a college program without its use.

Evaluation through workshop and work sample techniques constitutes another type of assessment resource. As in psychological testing, the principle of evaluation and sampling is that one may scrutinize a part and generalize to the whole in a more efficient manner than attempting to examine the total product (4). For example, interest testing surveys those objects, verbally or symbolically presented, that the client moves towards "likes," or away from "dislikes," and thereby can anticipate what he will accept or reject in work activities or jobs without the expense, involvements and complexities of trying it out in real life. However, it is sometimes necessary to "try" on a more concrete scale, yet avoid all the factors inherent in a real job, work evaluation test. It is not necessary to place a blind client in a vending stand to learn that he cannot make change, relate to people, or desire to be at work regularly and on time. These, and many more, component parts of a job can be separated out and evaluated thoroughly in the knowledge that inadequate performance of any part precludes a successful operation of the whole. It is a matter of record that 75 percent of the veterans trained in watch repair after World War II did not repair a single watch after they completed training. It is suggested that this unfortunate result stems from a lack of adequate evaluation regarding the highly unique personality required for this work beyond the typically tested fine mechanical dexterity. Even the counseling interview can be an excellent vehicle for sampling behavior to provide generalizations predicting the client's conduct in life. In guidance counseling, an *evaluational attitude* is adopted which finds and utilizes many avenues of appraisal to serve as control points upon which pivot judgments of goal and process realism.

The nature of guidance counseling, as contrasted with cafeteria style, requires the gathering of information. This is manifested in many areas – work history, educational history, family history and social adjustment, as well as the appropriate medical findings. The detail and depth will increase as one moves toward comprehensive counseling, but the counselor rationally decides, beyond what the client volunteers, those areas to be investigated further. I can still recall one official remarking about the time when eye examinations were routinely required for the first time and old timers protesting, "If he's running into things it doesn't take a doctor to tell you that he's blind." Recognition of more complex, subtle, and often unknown factors distinguish the truly professional approach. Consequently, guidance counseling presupposes certain minimum knowledges by the counselor that enable him both to know what kinds of information to seek and how to evaluate the material that he gathers. Part of the answer lies in the use of professional consultants whose own professional expertise adds to the counselor's professional functioning. One mark of professionalism is the humility to know where one's expertise leaves off and the assistance of others is required.

On the subject of professionalism, the distinction between "conversation" and "counseling.' made by Tyler (27) is relevant here. Individuals sometimes assume that, because they are interested in helping others and have "talked" all their life, they automatically qualify for counseling. In fact, according to Tyler, many of the conversational skills rewarded by society actually impair counseling effectiveness, must be inhibited, and new patterns learned to be an effective counselor. Equally, the work of Truax (26) documents the fact that one may actually harm others by inept counseling attempts. Guidance counseling is a "leadership" role, and, like a leader on a hike, must take a position sufficiently advanced to lead but not so distant as to be unobservable. Obviously, if the leader is "dead center" he is not leading either. In short, in guidance counseling the counseling position is just enough advanced, not too much, not too little, to facilitate the client's progress. As indicated in an earlier section, unfortunately the legitimate leadership function of the counselor at times, has fallen into disrepute and the climate has intimidated many sincere counselors from exercising a needed challenge or restraint. The ultra-phenomenological emphasis is well exemplified by the counselor who stated, "I do not care whether my client's goal is realistic or unrealistic, as long as he understands the basis upon which it was made." The simple answer is, to the extent the goal is unrealistic, events will make the client increasingly unhappy with his choice, and it is an irresponsible counselor who does not attempt to "guide" the client in another direction. This extreme client-centered orientation has been referred to as the "Buck Rogerian" approach to emphasize its basic unreality.

There are two forces which most often prevent the selection of an approach position from the client's needs. On one hand, doing "therapy" has high status value because of the psychological model identification inherent in non-directive counseling which has dominated rehabilitation counseling training. Early training grants went almost exclusively into existing counselor training programs that were preparing personnel for secondary school and college counseling bureaus. Thus, the practice was implemented with groups substantially resembling the original groups from which Rogerian theory developed until rehabilitation entered the picture. However, few, if any, changes were made in the existing programs with regard to basic counseling philosophy as rehabilitation students entered and left with a non-directive orientation along with the expectation that it would prove effective with rehabilitation clients. Despite course additions or changes with respect to rehabilitation programs and structure, many academic training programs continue this exclusive non-directive emphasis today with a consequent lack of realism on the part of their graduates. On the other hand, some individual counselors and agencies so reject the possibility of emotional problems that when a client presents them they are ignored or treated lightly. In either case, the needs of the client are not being met and to the extent that they are substantial, problems in the rehabilitation program for that client can be predicted.

Comprehensive Counseling

Increased depth, complexity and integration characterize the comprehensive counseling level along the continuum. At this point, motivation may be questionable and personality evaluation is often required. This involves the assistance of the psychological consultant who probably will utilize depth personality measures including projective techniques such as the Rorschach Ink Blot Test (if vision permits) or the Thematic Apperception Test presented in verbal form. Although there are national and regional training programs intended to correct this problem, many psychologists are unfortunately unfamiliar with unique devices or adaptions of standard psychological instruments for use with the blind as discussed by Bowman (3). Evaluation of the client's adjustment to his disability may indicate the need for counseling in this area before vocational planning can proceed. In short, any one of a number of factors, or more likely, several combined, introduce a more complex situation with many issues, typically significant ones, that must be resolved.

Another principle can now be introduced: the counselor should use the approach as far to the left as the client's needs and the rehabilitation situation permits. As one moves to the right there is an increasing expenditure of counselor's time, agency funds, and professional skills. The family situation, which can make or break a rehabilitation program depending upon whether it is supportive or detrimental, may pose difficulties here that require family counseling either by the counselor or a social worker consultant. The client's general life goals, life patterns or work habits may pose issues that merit attention, either in themselves or in combination with other factors. An excellent illustration of this last point is the article by Fordyce (8) who studied the accounts of accidents leading to paraplegia and found that they could reliably be classified either as "Imprudent" or "Prudent" in nature. With accidents so categorized he found that the Imprudent group manifested a history resembling "an accident looking for a place to happen," was more abnormal on psychological tests, and developed more physical complications (largely from lack of proper self-care) that disrupted rehabilitation programs. The counseling process would obviously be different when this type of background pattern is identified, as would equally be the case if the client's life goals had always been unrealistically high, maladjustively low, or if the pattern presented a history of incompleted tasks.

This counseling approach requires an increased listening role by the counselor, which may sometimes involve elements of personal adjustment counseling. An interaction of factors within the personality, disability and environment very often requires this level of counseling with the blind or any other severely disabled group. Problems related to mobility skills alone could justify this level, certainly in combination with those specialized techniques often necessary for accommodation to the sighted world.

Therapeutic Counseling

This category corresponds roughly to Tyler's minimum change therapy which implies an effort to assist the client in the best utilization of his personal resources, not attempting depth personality reorganization. However, in contrast to points farther to the left, stress upon emotional forces, techniques of feeling reflection and clarification, and less reliance upon the rational and logic, characterize this approach. The counselor is highly dependent upon the irrational forces within the client that lie behind the emotional problems that disrupt progress in his rehabilitation program and, consequently, must play a more passive, eliciting role. At this point along the continuum some aspects of the non-directive orientation become relevant. Clients whose adjustment to their disability is so poor that considerable effort must be directed to this problem usually need this level of counseling. Serious family problems that require marital counseling or group counseling with family members could also illustrate activities here. Practical, straightforward progress to a renewed life or vocational adjustment is either blocked or seriously impaired by emotional problems whenever this approach is needed. One exception might be those counselors assigned to psychiatric treatment programs where, working in a team approach with other professionals, this level could be the required counseling atmosphere. Because of the historical prestige assigned to psychotherapy, there is an ever present danger that the rehabilitation counselor will abandon his unique contribution and slip into a role that competes with the psychologist and psychiatrist, with inevitable harm to himself and his client.

Psychotherapy Treatment

Again, it will be noted that another term, "treatment," instead of counseling is assigned to this final category. Distinguishing between therapeutic counseling and psychotherapy is a very difficult matter and almost impossible in a few sentences. Reference should be made to the cited writings of Tyler for a more complete exposition, but in the final analysis only case examples really provide an adequate distinction. In general, this approach refers to the handling of serious emotional problems which severely impair life adjustment. Unconscious forces are typically involved, in contrast to a more "choice" level in counseling proper. The client's realism is not only severely harmed but also correction is frequently highly resisted. Behavior, historically or currently, may suggest intense, irrational drives or the life adjustment may manifest a downhill, deteriorating spiral. Unpredictable, unstable, disruptive actions often suggest that this type of approach is required and the counselor, if in any doubt, should call upon his psychological consultant to assist in the determination. It is often very difficult for a counselor to resist attempting to assist a client who needs psychotherapy rather than counseling, but for their own professional integrity and the ultimate benefit of the client, it must be avoided. It must be emphasized, however, that, given the same type or degree of problem, handling could be either at a counseling or psychotherapy level. For example, if a client volunteered "Guess I'd better tell you about another problem, I'm a queer," this disclosure could be handled in several differing fashions. At this level, the psychotherapist might respond, "Perhaps you'd better tell me all about it," or the counselor inquire, "You're worried about this as another problem in your rehabilitation?" Psychotherapy treatment implies the greatest depth, strongest relationship, most unconscious, and total personality involvement of any point along the continuum.

Varying Continuum Factors

Movement along the counseling continuum, from left to right, involves systematic changes in several factors, or aspects of the continuum, usually from less to more, as is detailed on the following page.

1. Surface to depth: Focus upon the more obvious, less complex, relatively "simple" characterizes the left end of the continuum while the opposite constitutes the right. 2. Conscious to unconscious emphasis: A focus upon matters which are under conscious, volitional, control characterizes the left while treatment of forces which are less within conscious awareness represents the right. 3. A shift from the logic to the irrational: Emotional factors which are less predictable, increasingly come into play with movement to the right, the counselor increasingly is unable to logically anticipate the important issues and must depend upon the client's productions for the material of counseling. 4. Techniques become more non-directive: The counselor must play a more eliciting role with movement to the right, and with the increasing stress upon unconscious variables the relevance of self-concept theory becomes questionable. 5. There is an increased requirement for higher levels of training, knowledge and counselor self-awareness: With the increased ambiguity experienced to the right, there is a greater danger of the counselor attributing his own problems to the client and thus must possess greater increments of self-awareness as well as deeper knowledge of personality theory and psychodynamics.

It may be contended that the history of rehabilitation in federal, state and private programs has progressed substantially through this continuum from left to right. Very early rehabilitation efforts contained high loadings of the cafeteria style approach and professional improvements, moving to the right, appeared slowly as it became clear that many clients' needs were not being totally fulfilled. A further progressive evolution that is apparent today, not fitting in the continuum, lies in specialization both for unique knowledges related to specific disability groups and functions such as placement operations and support personnel. The early concepts that any counselor can perform all tasks with the same minimal knowledge and skills has given way to increasingly professional and technical proficiency. However, those early pioneers who did so much for so many when the need was great and the resources and knowledges were meager should not be disparaged. Neither should tradition be allowed to block progress as research and training, along with increased resources, permit more efficient, lasting and sophisticated rehabilitation for increasing numbers of handicapped citizens.

Guideline Recommendations

The preferred counseling approach level for any client at any given time is a complex judgment that should pivot upon meeting the client's needs. Several factors can be mentioned that would suggest a movement to the right. It is assumed that a guiding principle would be that the counselor should work as far to the left as is consistent with meeting the client's needs, agency policies and good judgment.

1. Movement to the right is indicated if requested by the client explicitly or implicitly. Implicit requests may take the form of obvious emotional discomfort or a "masking" cover problem in which the emotional distress is only conveyed. In our society it is more acceptable to present a vocational problem than a personal distress, and the counselor must be sensitively alert to the implicit requests.

2. A lack of adequate realism in any one of several areas – vocational, educational, social or physical – can be a signal to shift right. The extent of unrealism may suggest how far right to move but if the client appears to hold questionable notions about the limitations of his disability, the nature of work or a vocational goal, demands or prerequisites regarding educational institutions or processes, and/or interpersonal adjustments, usually some move is required.

3. The appearance of inconsistencies or contradictions in areas such as vocational and family history, ability motivations, self-concept, etc. suggest a reappraisal. Examples of this might be radical changes or a downhill spiral in job level, employment at levels inconsistent with known ability, statements of motivation that do not match performance, or sharply differing efforts at different points in time, and statements in any area that do not appear to fit known facts.

4. The finding of instabilities in important life areas may suggest a change in level. History of dismissal or termination of jobs, marital separations or divorces, a pattern of task non-completions, regular treatments for alcoholism or emotional problems, etc. all exemplify this point.

5. Evasion regarding content areas, confusion or unexplained gaps in information should alert the counselor. The explanation may lie in as differing causes as prison sentences that are not readily disclosed, to undetected psychological losses from organic brain damage. Persistence of this behavior upon attempts to gain clarifications is a certain sign that a right shift is necessary.

6. A number of other indications might be mentioned, ranging from no more than a feeling of uneasiness by the counselor following the interview, to disclosures about difficulties in interpersonal relations or anti-social behavior. Environmental problems with a predictable future negative impact, psychiatric treatment with a questionable degree of recovery, unhealthy attitudes toward disability in general, glib, superficial statements about anticipated progress, all may suggest future problems. Finally, it may be advanced that, as the severity of the disability and the required time and expense for any contemplated program increases, then the assurance that the course of action is correct should be increased by a move toward the right which implies more time, information and resources utilized in the goal formulation.

Conclusions

1. Paralleling the historical rehabilitation patterns, rehabilitation counseling for the blind has lagged behind in professional progress with both private and public positions continuing to offer less attractive inducements and/or requiring lower levels of preparation for employment than general agencies serving the handicapped.

2. Amid their considerable commonalities, rehabilitation counselors for the blind, as contrasted to those employed by rehabilitation facilities and general agencies, demonstrated significant differences in time allotments to, and attitudes concerning various work tasks in a manner suggesting lesser emphasis upon equalitarian counseling, use of technical resources, and interactive collaboration with other groups while stressing an employment orientation.

3. While some of the differences may be ascribed to lower levels of professional preparation, those regarding the counseling approach may reflect the different counseling needs of a severely disabled group and suggest some basic reconsiderations in the traditional model of rehabilitation counseling theory and practice.

4. A broader perspective for rehabilitation counseling theory and practice is proposed which places various approach positions on a continuum that is designed to maximally meet the counseling needs of all types of handicapped clients.

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I. ADVICE AS TO THE CHOICE OF A COLLEGE OR UNIVERSITY BY A BLIND STUDENT

Betty Bird

II. EXPERIENCES AT COLLEGE: THE JOYS AND DIFFICULTIES ENCOUNTERED

B. C. Massey

James Selby

Tom Draper

Bruce E. Breslauer and Robert E. Rich

Noel Runyan

THE COLLEGE OR UNIVERSITY OF YOUR CHOICE

By Betty Bird

"You have been awarded a scholarship to the college or university of your choice." Applause, congratulations.

Now what? Have you selected the "college of your choice" that will be the best one for you? You applied to several. Is that main state university too big? Is that "good" school in New York too hard for you? Where are your friends going? Can you really go to the school you prefer if it has never had a blind student before? What about books, readers, classes, dates, mobility, loneliness, grades?

I once walked into a room of high school seniors and asked them all to give me a dollar. They laughed and said I was nuts. I lowered the request to 50 cents and promised them a 12 to 1 return in four years. They still doubted me. A few gamblers offered me a dime or a quarter to see what I had on my mind. Instead of their money, I took an hour of their lives and we talked about going to college. I hope they get a 12 to 1 return on the four, six or eight years they spend there.

Picking a college, meeting application deadlines and admission requirements is the first big hurdle a beginning college student must jump. Then the race is on and at the end of the freshman year the field has been considerably decreased. A large part of those still running after the first year will be there to finish the race three years later. How to start the race well and finish it strong is my major concern.

Making College Easier

College prep-training has proven to be one way to help blind students make it. So far, three types have evolved: a session in residence at a rehabilitation center with a college course included as part of the curriculum; a workshop of a few days spent in lectures and group discussions talking about what to do when you get to college; and a session in residence on a college campus taking regular courses with supportive courses in mobility, study skills and personal management. The Chicago Lighthouse began college prep programs in 1960. It was followed by Arkansas Enterprises for the Blind in 1963. Since 1965, Tennessee, North Carolina, New York, Indiana, Connecticut, California, Virginia and Montana have developed college prep programs of their own. Although long range longitudinal studies will be required to prove academic success, I can vouch for the helpfulness of college prep programs in some more difficult-to-measure areas: approach to college life, attitudes toward problem-solving in college and emotional health of blind students in college. I believe that all three previously mentioned types of college prep programs have their place and hope that more states will initiate the one that will meet the needs of their blind students. Texas is contemplating one in the near future. The articles which follow testify to the types of frustrations which can be minimized by college prep training.

A second way to keep the blind college student in the race is to have an advisor or counselor familiar with the problems encountered on the campus. I certainly would not want to mention Texas so frequently that I am accused of being partisan, in football or anything else, but it is the state I know best. In Texas, the Commission for the Blind has a full-time counselor on each of four campuses: The University of Houston, North Texas State University, Texas Technological University and the University of Texas. Some of the services provided by these counselors are: individual vocational counseling, a file of available volunteer and paid readers, discussion groups, tape libraries and job placement for graduates.

Unsolved Problem

Unfortunately, one of the things that college prep programs or college counselors for the blind seem least able to do anything about is blind students' social life. A person learns how to or how not to relate to people long before he reaches college age. The blind child must learn how the world looks, acts, dresses, dances and plays the guitar. He must learn to seek out people instead of rocking quietly in the corner until someone asks him to play. He could wait forever. Academics worry us too much. Straight A transcripts only crackle when you hold them close and look silly to someone sitting beside you at a movie.

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PRE COLLEGE BACKGROUND ; AND THEN COLLEGE LIFE BEGINS

By B. C. Massey

I am an adventitiously blinded person having experienced almost total loss of vision except for light perception in one eye in a gun accident in October of 1953. I was 16 years of age and living in the state of North Carolina. Shortly after my accident I was contacted by representatives from the State Agency for the Blind and made aware of the services available to me. While waiting to be accepted at the State Residential School for the Blind (where I was later to complete high school), I spent the next 11 months learning braille with the area social worker for the blind as my teacher. In September of the following year I was enrolled as a student at the North Carolina State School for the Blind (so named at the time) where I spent the next four years in further preparation in the skills of blindness and in meeting qualifications for graduation from high school. In June of 1958 I received the high school diploma and was then ready to pursue a college career which began at Brigham Young University in the fall of that same year.

At the time of my enrollment at BYU it was a moderately large university with a student body of approximately 12,000. The university with its large sprawling campus is still located in Provo, Utah, which lies about 40 miles south of Salt Lake City at the base of the Wasatch Mountain Range. During my freshman year Provo was a city with a population of 30,000 including BYU students.

Before my enrollment at Brigham Young University, I was advised by some blind individuals that it would not be a good idea to attend a large college or university for the reason that I would not get the attention I needed as a blind student. The feeling was that enrollment in a small college setting would make it easier for me to get to know the professors and other students. In retrospect I find this reasoning to have been erroneous because I did not have any difficulties getting to know other classmates or any of my professors. I believe there were distinct advantages in being enrolled in a situation where there was a large student body — the main one being availability of readers. I have a vivid recollection of the recounts of several of my former high school classmates who enrolled at small colleges and of the difficulties which they had in obtaining adequate reader service assistance even though they had the financial means by which to purchase this service. Brigham Young University was fortunate to have a student placement department where I was always able to get names of ambitious and well motivated students who were both qualified to read and who needed the work in order to remain in school.

I believe the ordeal of registration is worth commenting on. In the days when I began college we were not so fortunate as blind students are today in many colleges and universities where class cards are pulled for them in advance, eliminating the several hours of standing in long lines. I simply made the best of it by obtaining a sighted guide who acted as reader and scribe for me during this unpleasant task. If there is such a thing as an initiation to college life, it was registration for me.

Mobility

As I have indicated earlier, BYU had a large, sprawling campus. During my first semester my classes were strewn out in various directions. There is one I shall never forget, a PE class located on the lower campus. Its route had all of the obstacles despised by the blind traveler; namely, diagonal crossings, deep gutters and a classroom difficult to find even after the building was located. In addition to this, the way was long, winding and downhill.

My sole method of mobility technique at that time was the use of echo location and occasionally sticking a hand out (usually my right hand) at about waist level to pick up objects such as tables and chairs that I might be looking for or trying to avoid. I was able to follow a grass line quite well by occasionally touching it with one of my feet as I walked along. The perception of subliminal echos allowed me quite easily to detect open doors, buildings, trees, signs, posts, hedges, and just about any obstacle that was above the waist in height. As one would guess, however, I had difficulty in detecting the low lying objects such as landscape markers, stones, curbs and depressions. Bicycles were my worst enemies – probably because of their shape and smallness in size. By the use of echo location I was able to walk down the middle of the hall as I am able to do even today. Even without the aid of a guide dog or cane travel techniques I was generally able to master the campus from the standpoint of mobility and, for the most part, enjoyed a sense of independence in being able to move about wherever I needed to go. I had mishaps occasionally, most of which probably could have been avoided had I used the guide dog or the Hoover cane technique, the latter of which I employ today along with echo location.

In Provo the winters were bitter. There was usually a lot of snow and ice which made traveling for the blind person difficult and especially for one who relied almost solely on echo location as a mobility technique. I remember one experience along this line which I think is worth mentioning. One afternoon when classes were over, it must have been snowing for about an hour. The snowfall was hard enough that the ground was pretty well covered and there were no familiar grass lines or other landmarks which I could rely on picking up with my feet. There was no one around to help me and all I could do was head in a general direction of my apartment. After quite a bit of frustration and stepping into an irrigation ditch, which fortunately did not have any water in it, I found my way to the apartment. I don't think I ever wanted a stick or a cane as much as I wanted one at that time. It was a few experiences like this which motivated me to investigate the method of cane technique.

Social Experiences

Being an independent traveler, I believe, helped me somewhat socially. Other students were not afraid to associate with me for fear that I would lean on them too heavily.

At the time I became a student at BYU, new dormitories for men had just been built. I was fortunate to be assigned to one of these dormitories and to be located reasonably near the cafeteria. As I reflect on dorm life, I have rather pleasant memories about this aspect of college except for a few minor agitations which one normally would expect to encounter in dormitory living. For example, one evening a prankster set off the fire alarm and the dorm supervisor decided to let it blast for 45 minutes, erroneously assuming that the unhappy listeners would flush out the culprit.

The dormitory, being newly built, had excellent facilities. There were two students per room, a desk, chair, bed and closet for each, and one telephone. During my year and a half in the dormitory, I roomed with sighted students and had no difficulty in getting along with them. I was able to make friends with the dorm parents and to secure the wife of the dorm supervisor as one of my readers. She proved to be a valuable resource to me since she formerly had been a student at the university. She was familiar with the campus and library facilities.

There is one experience I had in the cafeteria that is worth noting. One evening after dinner I was on my way out of the main dining hall moving cautiously since there were other students milling around in the main lobby. I have earlier referred to the technique of pushing my hand out slightly from my body about waist high to act as a buffer for obstacles encountered. There was a young lady standing just in front of me (although at the moment I did not realize this) with her back to me as I moved out of the dining hall. I had my right hand out in front of me just a little with the fingers on that hand turned down at about a 95 or 100 degree angle so that the backside of my fingers would have touched any obstacle in my path. My hand must have been somewhat lower than waist level at that time for I touched the young lady on one buttock. She jumped rather startled and I am confident completely unanticipating the gentle tap which she received on the posterior part of her anatomy. She squealed, turned around, and then began to laugh, and so did the other students nearby. To say the least, I was extremely embarrassed. Echo location had failed me miserably in this instance.

Generally, college life affords many opportunities for social activities. Dating is one of these, and I participated in this social experience probably about as much as the average student. I recall that I usually had a date whenever the occasion, time, and my economic situation permitted. I think the experience of my first date in college is worth relating. Before entering college I had dated some when at the residential school but had done so mainly with visually handicapped girls and naturally under somewhat more restricted conditions than I had experienced in college life. Early in my freshman year I remember taking a girl to a campus dance and afterwards having pizza. I shall readily admit that I did not waste too much time in acquainting myself with this aspect of college life. I thought I had anticipated every possible problem I would encounter as a blind person taking a sighted girl out on a date. I had overlooked one small item, however, and that was how would I get back to my dormitory after dropping the girl off. You would think that an item so important I would not have overlooked, but somehow I did. Maybe it was the excitement of the first date. The women's dorms were located some distance away from the men's, a route with which I was totally unfamiliar. The upshot was the girl walked me home, of course, being accompanied by another girlfriend since it was in the black of night. I never let this incident occur to me again and from then on made it my business to be sure that I either knew the way back to the dorm or had a friend or taxi pick me up.

My skill on the guitar brought me many social contacts during college years. I played both for program bureaus and commercially. In addition to being a social outlet for me it was a source of spending money. In high school I had learned the skill of piano tuning and at BYU was able to employ this skill as well in earning extra money working part time for the school. Later when I entered graduate school at Oklahoma State University I had no time for piano tuning but did continue my work with the guitar.

I was married during the latter part of my sophomore year to a girl whom I met at the university. My young wife (at that time 21 years of age) was nearing completion of a BS degree in elementary education. The following year brought the birth of our first son. Our second was born to us in 1964. By this time I had completed the MS degree in rehabilitation counseling psychology and was employed in my first job.

Academic Aspects

Of all college experiences, the academic aspect was the most challenging to me. At the time I enrolled in college such things as college orientation programs for the blind at best were in the thinking stage. The transition from high school to college was a big leap. At the university I found myself much busier, and the need to organize time and resources greatly increased. More study time was required of me than of my fellow sighted students since I was totally blind and unable to read any printed material, requiring everything to be read aloud. The blind individual in school or in employment often has to become accustomed to spending a little more time in getting the same level of production. It is a sad state of affairs when a blind person begins to think less should be expected from him because of his handicap.

It is my belief that a blind student should be able to take a comparable unit load to his sighted colleagues. I was usually able to live up to this philosophy, averaging 15 to 16 units per semester, and on one occasion took 18. This proved to be cumbersome, however, and I dropped my unit load but never took less than 14 units per semester during my undergraduate work.

I have earlier referred to the accessibility of readers available to me during my college career. I usually worked with a staff of three to five readers at a given time. This generally assured me of having someone to call upon when in a pinch.

In the case of examinations, I took them in all forms. Occasionally, professors would prefer to give them orally, to which method I did not object. On other occasions, I typed them or dictated them to a reader. In a couple of situations I remember dictating exams on a tape recorder. This latter method has merit in that the time required for writing is eliminated and tends of offset the extra time required for reading the exam aloud, usually allowing the blind person to complete the examination without needing additional time.

As do most college students, I encountered a few lab and technical courses. Today in some colleges and universities the trend is to exempt the blind student from some of these activities. I do not condone this philosophy. Naturally, the student will often find it necessary to modify certain conditions before he can participate competitively. For example, the method which I employed in handling labs was to bring the reader to the laboratory with me. The reader sat through experiments and did things such as dissecting and looking through microscopes which I was not able to do. While the reader performed these tasks, however, a step by step explanation was provided. I did what I could in the process. I feel that I accomplished the end result of comprehending and understanding the material.

As a blind person I did use a few items of special equipment to assist me in my day to day work as a student. The use of braillewriter, tape recorder, typewriter, slate and stylus were employed. I also used a plywood board one foot square covered with felt to reduce the noise of slate and stylus when taking notes in the classroom. At the outset of my college career I relied on others to take notes for me, usually getting them to make carbon copies as they made their own notes. I soon found that I could not rely on this system and began taking my own notes, using the braille system, although I had been erroneously advised by other blind before enrolling in college that braille would be too slow. It may be true that I did not get as many notes as some of my sighted colleagues, but the secondary benefit of increased concentration during lectures assisted me greatly in comprehending and retaining lecture material.

If I had to pinpoint one area of most difficulty academically, it would have to be that of doing term papers. Such things as scanning material, developing bibliographies, and footnoting, caused me much anxiety during the early days of my college career. One thing which contributed to the problems I encountered in this area was the fact that one of my first English professors did not feel that it would be to my advantage to go along on the day the class visited the library to become acquainted with this facility. Little did this professor (and even myself at the time) realize that, while I was not able to look into a card file, I would need to know how to instruct a reader to do so. I spent many months in operating on the basis of trial and error in paying for this mistake.

Overview

In May of 1962 I completed requirements for the BA degree in sociology at Brigham Young University. During the following September I began course work at Oklahoma State University toward the MS degree in rehabilitation counseling psychology. In October of 1963 I took my first job, with the North Carolina State Commission for the Blind, and continued there for approximately three years. During this time, in May of 1964, I completed requirements for the Master's degree. In 1966 I took a position with the State of California, Department of Rehabilitation, as a rehabilitation counselor for the blind, on which job I am currently employed.

UNDERGRADUATE DAYS

By James Selby

I want to describe for you a set of experiences which I had as a blind student at Tulane University. Such a description is a rather difficult task because I want to present more than just a chronicle of events and achievements. I wish to convey an understanding of some of the problems faced by a blind student at a major university.

When any high school graduate first enters college, two emotions dominate his feelings. There is the excitement of a new challenge – a new game. And at the same time there is a fear of the strange and a fear of failure. For me these emotions were intense because the shift was not merely a change from high school to college, but also a shift from a school designed for the blind to a college designed for the sighted. The challenge was to cross both lines and thus demonstrate to myself that I was capable of competing and being successful in an open environment. The nature of the fear was equivalent to the nature of the challenge, and I felt determined to put forth my best effort.

The first two months of my freshman year I spent as a hermit. I went to my meals and to my classes and the remainder of time was spent in my room working. In addition to the school material, I had to learn how to use a tape recorder efficently, how to take braille notes in large lecture classes and similar practical problems. After the first two months, I had taken a full round of midterm examinations and passed all of them, I began to relax. I met and became friends with many of the people living in my dormitory hall. We were quite an interesting collection of fellows, including football jocks, black guys and me. I think more than anything else we talked a lot among ourselves. We talked of school and ideas, of plans and girls. My experiences with the group were warm and friendly, and from them, I gained confidence in social situations. The rest of my freshman year coasted along with both good and bad days, but for the most part uneventfully. I finished the year with a grade point average of just under 3.5 out of a possible four-point scale and I felt happy with it.

That summer I went to summer school primarily because I could not find a job. I enrolled in Dr. Stanley Harrison's sophomore English class. He was provocative and stimulating. His educational goal was to stir students into independent thought. Dr. Harrison challenged us to question the values and assumptions which guided our lives. He presented a conception of a university as a place for ideas and thought rather than a white collar trade school. The point was that universities should not have programs oriented around specific practical problems as part of their basic liberal arts curriculum. I left his course invigorated and intellectually awakened. My awakening had begun under the guidance of Mr. Miles, my high school English teacher, but reached maturity under the prodding of Dr. Harrison. My interest in all my undergraduate subjects became much more acute, and I decided upon an academic career as a teacher.

I chose psychology as my major, with the hope of going to graduate school in that field. The idea was appealing to me, but I was afraid that my blindness might be a real hindrance. I was concerned primarily with getting into a good graduate program rather than my ability to do the work once accepted. The question which plagued me was, "why should a graduate program accept me if they could get a sighted person just as qualified?" I wrestled with this question for a long time, and there seemed to be only one solution. I felt that I must be able to present a set of academic credentials that were notably better than those of most sighted applicants. I set out to build such a record. I studied hard and I watched the behavior of people who made superior grades. I began sitting in the first row in my classes and asking good questions without being antagonistic. I ran up a string of three semesters of straight A. I was invited into the Tulane program for Scholars and Fellows; was on the Dean's list continuously; took advanced courses and in many cases, made grades as good as the graduate students in those courses. Since I wanted to be a college teacher, I applied for a Danforth fellowship and a Woodrow Wilson fellowship, and fortunately, I was awarded both. I received various scholastic achievement awards at Tulane, the most notable of which was the Aaron Hartman award for the outstanding graduating senior in psychology. I was invited into the Tulane chapter of the Phi Beta Kappa fraternity. I wrote an honors thesis and graduated Magna Cum Laude. I felt reasonably satisfied in terms of my academic credentials, but I was rejected by many of the programs to which I had applied. Such disappointments came from Clark University, University of Rochester, University of Syracuse, University of Pennsylvania, Yale University and Columbia University. Somehow these straightforward rejections were easier to take than the reply I obtained from Rutgers University. In February of my senior year, they felt it necessary to call and ask if I could get around a campus all right, and in April they wrote saying that they would admit me to their general program and if I did well I could transfer into the particular branch of psychology for which I had applied.

I was rather bitter about these outcomes. I felt that in part my hard work as an undergraduate had been futile. The only reason I could identify for being turned down was my blindness. My cynicism was somewhat alleviated by acceptances from three good programs – at Tulane, University of Iowa and the University of Michigan. I chose the University of Iowa and for the last three years I have been doing graduate work toward my Ph.D. degree at that school.

While the university environment is not free of prejudices toward blind persons, the climate does seem to be more openminded than most. Once a person is admitted into a university community, in whatever status, the individuals he comes in contact with are generally willing to work with him and view his problems in a realistic manner. The individual's relevant abilities and interests become the crucial aspects of his personality to which other people respond. While I have experienced some unnecessary difficulties in the academic world, I am happy with my occupational choice.

Many people have aided me in my attainments. I would like to acknowledge a few of these people and the contributions they have made. Foremost are my parents who have provided love, encouragement and guidance for all their children. They have never pampered me because of my blindness. Instead they have fostered the value of self reliance and the feeling of self respect which come from knowing that you are competent. These are pervasive attributes which provide an individual dignity regardless of his occupation or interest. If I were ever a parent, they are the key values I would want to instill in my children whatever their physical condition.

Of the other people influential in my undergraduate career, the faculty of the psychology department at Tulane, and in particular, Dr. Arthur Irion and Dr. John Hitt, should be singled out. In some respects they represent the general attitude of the university community. Without prior experience with blind students, they approached me and my special problems with encouragement and an open mind. At the same time, they maintained the same expectations and demands of me that they held for all their students. Such an attitude is all any person, sighted or blind, should expect.

Finally the Woodrow Wilson and Danforth Foundations should be acknowledged. Both organizations award fellowships to only a small percentage of the people who apply, and both treated my blindness as essentially irrelevant for an academic career. To encounter such an attitude among these people was gratifying and encouraging.

In conclusion, I would like to point out that people, agencies and organizations can help a blind person obtain opportunities and provide tools, but the responsibility for capitalizing on those opportunities rests solely on the individual himself. In this regard a blind person is no different from anyone else. Blindness places some limitations on the variety of things an individual can do. Within these bounds, a person must expect and desire to be treated as an equal if he hopes to achieve self respect or the respect of others.

ON MY BLINDNESS

By Tom Draper

I am in first year at York University, Toronto. Early in November I was asked by the American Association of Workers for the Blind to do an essay on my experiences at this university. My first thought was: What experiences? for I had only been in school just over a month. When I thought about it, however, I realized that my university experience had actually begun many months earlier with the decision to go back to school. As a matter of fact, to fully appreciate my first university year, it is necessary to go back even further than that. I will start at the logical place to start: at the beginning.

I finished Grade 13 in the Spring of 1969 and went to work at an office job for the summer; as the summer progressed I noticed that I was having trouble reading. Near the end of the summer, I got a doctor's appointment with the idea that a pair of glasses would fix me up for the coming school year. The doctor, however, referred me to a hospital neurological clinic. That was on a Thursday. That Sunday I packed up my belongings and went to Waterloo where I was to register in the Physical Education Program at the University of Waterloo. I was there until Wednesday when I drove 75 miles from Waterloo to Toronto to keep my appointment at the hospital. Since my Thursday appointment with the eye doctor, my eyesight had deteriorated substantially. My drive home from Waterloo turned into a real challenge to get home safely and I was relieved, to say the least, when I finally pulled into our driveway. The neurologist examined me for about five minutes and then informed me I would have to stay in the hospital to have more tests made. He strongly suspected a brain tumor.

When I went into the hospital I could still read the newspaper although at a very slow rate. Four days later I could only read the headlines, provided they were large enough. Then, dramatically, my eyesight stopped deteriorating and levelled off and has remained stationary ever since. A week after I entered the hospital they operated for a tumor on the optic nerve but they did not find one and other treatments followed but they met with no success. I went out of the hospital three weeks after I entered with good guiding vision but unable to read anything except large print.

This sudden turn of events necessitated my withdrawal from the University of Waterloo. I spent a few months recovering from my operation and then I started to think about my future. I very much wanted to go back to school but, because of my eyesight, I could no longer take a physical education course. I decided on a math course, and, because I wanted to live at home, I decided that I would attend York University. In January of 1970, I went to the Canadian National Institute for the Blind where I learned braille and touch-typing. I spent five months working hard on my braille and became moderately efficient in its use. I spent about a month working hard on the Nemeth Code but I came to the conclusion that it would be impossible for me to get it up to any degree of workability for school, so I gave up on it – for the time being at least.

Having decided on my courses, the next job was to get book lists and this turned out to be a real chore. My mother helped me a great deal here and altogether the two of us spent many hours in pursuit of those elusive lists. I was to take four science courses, so the Assistant Dean of the Faculty of Science finally got me the book lists for those four courses. The book list for my fifth course, a humanities course, was very long, so we went straight to the course director for this list. It contained over 30 books, yet it turned out to be a very complete and accurate one. The book list for my four science courses contained a total of only eight books and was inaccurate and incomplete. The moral of this is: Do it yourself: – go straight to the course director for book lists and don't let someone else, no matter what their position, do it for you.

The next thing was to get these books taped. We used the services of Recording for the Blind in New York. Because of the fact that we had never done anything like this before and consequently did not know what we were doing, the process of getting these books from Recording for the Blind was very complicated and frustrating for us and we made many mistakes. For instance, we sent them two copies of each of about 20 books to be taped. A few weeks later we got about 15 of these back in the mail. We found out they had already been taped, but we had not found them in the tape catalogue. Anyway, the whole affair of getting my text books taped taught us a great deal, which should make the job next year much easier.

When the day to start school finally arrived, my preparations were complete. Here is how things looked on that day: I had all my text books on tape and a brand new tape-recorder on which to play them. I had a new casette tape-recorder with which I was to tape my lecture notes and then write the lecture notes out in braille at home. I had a blackboard set up on one wall of my room at home on which I could do math problems and calculations (I am able to read my blackboard from a distance of a foot or two, depending on the size of the writing, but reading the blackboard in the classroom is impossible for me).

I had had a very enjoyable summer and I was eager to start back to school.

Things started to go wrong right from the start: I registered in four of my five subjects the Friday before school was to start. I was supposed to register in the fifth on the next Wednesday but I was not informed of this until it was too late; fortunately this was easily remedied – I told my Faculty Advisor what had happened and he rectified the situation personally.

The first week of school consisted only of two algebra lectures. However, I learned many things during that first week, not about algebra, but about going to school. In our second lecture we were each given a bundle of notes. I thought that I would take them home and spend a couple of evenings having them read to me and making my own notes in braille. However, after a couple of hours of work on this, the first night, I realized this was futile; unless the person who was reading knew some mathematics, it was a hopeless task for them to read it to me intelligently. This was extremely frustrating for me and created some hard feelings between myself and the reader; and above all, it was extremely time consuming. For this reason I decided that bundles of notes, such as these, would have to be filed away and used only in cases of emergency. Later in the year, when Christmas exams were drawing near, I got a friend who knew some math to come in and read this bundle of notes to me and it took only about six hours to go over the 35 pages of notes, whereas in September, when I had a member of my family trying to read them to me, we got through only about five pages of these notes in about three hours.

The next thing I learned that first week concerned how I was going to take notes in class; my plan had been to whisper my lecture notes onto tape, using my casette tape recorder and to write my notes out in the evenings, using braille. For such things as diagrams or complicated math equations where I could not use braille, I would write them out, using a thick pencil and large print. I found that this plan was impractical because of the time involved in writing up my notes at night and this meant I would have to change my plan for making lecture notes. I decided that, instead of using my casette tape-recorder, I would simply write my notes up during the lecture in large print but this was a very hard decision to make. Since I had gone to the Canadian National Institute for the Blind in January of 1970 I had been working very hard on my braille so that I could use it for school. It was the fact that it was for school that made me practice my braille so faithfully during the summer. Instead of going swimming or water skiing while I was at our cottage, I used to spend a couple of hours practicing my braille. To discover after one week of school that it was not practical for me to use braille and that I would have to discontinue its use meant that nine months of hard work had been nothing and this was a rather hard fact to accept.

The next setback I suffered was in regard to my books. I found I had been given the correct booklists in my humanities, logic and statistics courses; in my calculus course we were using only one book and I had been given the title of the wrong book. I went to the book store, bought a copy of the correct book with the thought that I would try to get along without having the book on tape. I visited the professor many times for extra help and when it was absolutely necessary, I got members of my family to read to me. This worked out for a while, but I found that I was missing things from the book that everyone else was getting and also, having members of my family read the book to me was time consuming and aggravating. Early in November, I decided I had had enough of this and bought two copies of the book and sent them to Recording for the Blind in the States. The first tapes started arriving around Christmas and they have been a big help to me since then.

My fifth course was an algebra course I had been informed that we would use one text book on this course and I had it at home on tape. However, during the first lecture I found that we would be using three books for the course. During the first term from September until Christmas we would use two of these books. It turned out these were the two books which I did not have on tape and if I sent them away to be taped, I would not get them back – in all probability – until around Christmas, which would be too late. I went through the first term without any text books in my algebra course and I was at a great disadvantage compared to the other students. I mde a very large number of trips to see my professor and my tutorial leader for help and it did not work out too badly for I got a 'B' in algebra on my Christmas report. However, had I had the two books on tape, I estimate I could have gotten an 'A' in that subject.

I encountered many small problems during my first few weeks at school. For example, I found that I had spare time between some of my classes and since I could not read or do any work without either my tape-recorder or a blackboard, I had nothing much to do. After a couple of weeks of school I got tired of this, so I acquainted myself with the layout of the gym and started spending my spare time there; I went swimming every day until I discovered a hole in my bathing suit. Then I started weightlifting until I strained my back one day, just before Christmas. I let my back recover and then I started playing basketball; I didn't play organized basketball – I just went into the gym when it was free and practiced by myself. This was a good conditioner and was for me a very enjoyable, and relaxing way to spend my time. One very proud moment came when I was practicing one day and I was challenged to a game of 21 by a hot-shot who had also been practicing in the gym. I beat him soundly three games in a row but I did not have the heart to tell him after the third game that I could hardly see the basket. Anyway, this took up a large amount of my spare time between classes. I found that three days a week I was finishing my classes well before any of my friends who could give me a ride home and this meant that I either had to wait until they were ready to go home or else take the public transit home.

Going home by public transit took an average of over 1½ hours – all wasted time as far as getting any work done was concerned and for this reason I have decided to live in residence next year.

Another problem I encountered in regard to my eyesight was the fact that I was not used to making notes without being able to see the blackboard. This caused me some trouble at first, but after a few months I got fairly proficient in making notes from what I heard in the lecture hall rather than from what was written on the board.

I noticed something rather interesting around January of this year. When I was in high school I would do some math problems at home. When I was finished, there, in front of me, was concrete proof of the time and effort I had put into doing those problems, for they were there on paper. However, in my first university year I did all my math problems on the blackboard and when I was finished, I would rub them off. There was no evidence that I had done any work. Everybody likes to see the results of his work in one way or another and I had no way of seeing it. Gradually I developed another way of seeing how much work I had done. I would finish doing a math problem and then I would look and see how much shorter the piece of chalk was when I was finished than when I started. Another way was to see how dirty my blackboard brush was when I was finished rubbing off all the questions I had done. This may sound rather silly but I was not aware that I was doing it until one day in January, I caught myself admiring my chalk-filled brush.

My first month back at school was not a particularly enjoyable one. As I have said, many of my plans did not work out. I had taken a year off from school and it took a while to get used to it again. As a result of this, during the first month, I fell behind in some subjects, the first of which was my logic course. The course choices I had made back in February were final choices; because of the time factor involved in getting the text books for each course, a change of courses would have meant no text books for the new course.

When I registered for school in September I found that I had a timetable conflict but could not change courses in order to solve this problem. I had an algebra lecture and a logic lecture scheduled for the same time every Tuesday and Thursday mornings. I decided that I would attend my algebra lecture and have my logic lecture taped and at home I would listen to the tape and make notes from them and this I did for the first week. However, I found that it took at least two hours to write notes from the one-hour lecture. I found that keeping up with my other four courses took up all my time; as a result, after three or four weeks at school I was two or three weeks behind in my logic course and the prospect of my catching up in the near future was very dim. I discussed the situation with my parents and we decided I would try to drop the logic course. However this meant I would be taking only four courses in my first year. I went to my faculty advisor and received permission to do this and on the day I officially withdrew from that course I felt as if a heavy weight had been lifted from my shoulders. That took care of my logic course, but I was not yet out of the woods. I found that after three or four weeks in school I was also way behind in my statistics course. The professor announced that after the sixth week of the course had been completed he would have a test on the material covered up to that point. I consulted the professor about it and I told him I was way behind; he did not come up with any good suggestion as to how I could catch up, so I decided that I would take some rather drastic action on my own. I decided I would teach myself the course as far as we had gone; I started at page one of the text book and went through it page by page, making my own notes as I went along. I worked very hard on my statistics for two weeks before the test; it was only the night before the test that I finally caught up with the rest of the class. My professor knew that I had been having trouble keeping up and I think I amazed him when I was one of two of 250 students who got 100% on that test. It was the first test I had written at the university and it was a great morale booster to get the mark I did.

Speaking of tests, when I had started school in the fall, I did not really know how I was going to write tests and exams; this I discussed with each of my professors and they came up with several ways I could proceed. We were going to have an algebra test early in the first term and I asked my professor what arrangements he wanted to make for my writing the test. He asked me how I was getting along with the subject and I told him I thought I was doing all right. He said that I did not have to write the test. His idea as to how I should write the Christmas algebra exam was not quite as good as his first idea. Here is how it went: I was to write the exam alone on a blackboard. The professor would write some questions on the board and leave me alone to work on them.

Every 10 or 15 minutes the professor would come in and check on my progress. If I had finished the question he would mark it and put another one on the board. If I had not finished the question, he would leave me alone for a few more minutes and then come back and check what I had done. There were many things wrong with this method however – having a person coming in and out of the room all the time was distracting; the fact that it was the professor added pressure to the situation. I was writing the test on the blackboard and was cramped for space. While in high school I had written all my exams in a crowded examination room on paper and this new method of writing an exam was very foreign to me and hard to adjust to and the whole affair was rather unpleasant. As a matter of fact, the room where I was writing was very cold and in spite of the fact that I was dressed in a short-sleeved shirt, I perspired profusely throughout most of the exam.

The next method of writing an exam was suggested by my calculus professor. He suggested that I do the exam at home and I liked that much better than the previous method. The last method was suggested by my statistics professor and I favored this method above all the others. It was an oral exam, administered in his office, with a blackboard at hand on which I could do any necessary calculations or diagrams. This had several advantages, as far as I was concerned, over the other methods of writing tests. Instead of writing down an explanation of why I had done something, I could explain it to the professor in person and this saved time. Also, the professor could mark each question as I did it and give me my final mark at the end of the exam. He could also tell me my mistakes when the exam was over and correct me on them; this was an invaluable aid. I myself was prejudiced in favor of this method of writing tests because I knew my work well in that subject. Of these methods of writing exams I would recommend the take-home exam for those who don't know their work as well as they should. I would recommend the oral exam for those who do know their work. The third type of exam I would not recommend for anybody.

I stated previously that – when I asked each professor what arrangements they wanted to make for writing an exam, each one asked me what I usually did. I had to answer to each one that I didn't know, as I had never done anything like this before. This was true of just about everything in the first few months of school. People would ask me what I usually did in a given situation and I usually had to answer that I didn't know. What I am getting at is that my first year back in school was a very experimental year and I used a lot of it just getting established again in the routine of going to school. I found out that there were many people who half expected me to fail my first year but I finally got most of my problems sorted out and I settled down into a routine. I went to school during the day and worked and studied in the evening and, many times a good portion of the night. When I had been at the C.N.I.B. in 1970 they had given me a rule of thumb that in order for a blind student to get the same marks as a sighted student he must work approximately half again as long and I found that this was closer to the truth than I had expected it would be. I found myself looking forward to each weekend so that I could catch up on lost sleep. I spent most of my weekends studying, although I did manage to get away a few times for some skiing. The highlight of my year came late in January when I received my first term report card. Marks were not given out for my humanities course, but I received an 'A+' in statistics, an 'A' in calculus and a 'B' in algebra. More important than this, however, was the fact that the report card was concrete proof that, in spite of all the frustrations, setbacks, and trying moments and hard work, I was back at school and successfully continuing my education.

THE COMMUNICATION GAP CAN BE BRIDGED

By Bruce E. Breslauer and Robert F. Rich

(Editor's Note: This article was written by Bruce Breslauer in collaboration with his roommate, Bob Rich; each wrote one part of the article, and compared notes afterwards. This is pointed out only because many of the thoughts in the two parts of the article are similar, and this would suggest that they wrote the entire article together. This was not the case; each part of the article illustrates from different viewpoints how the friendship between them was developed. They both hope that this discussion of communication problems between blind and sighted people, and how they were solved in the context of a developing friendship, will be helpful and interesting to others. Bob's part of the article is presented first.)

I really didn't meet Bruce until my sophomore year at Oberlin. Despite our common interest in German literature, we didn't talk at all. This was partly due to the fact that Bruce was alienated by a remark I had made about Californians in general. We both lived in the same dormitory during our sophomore year at Oberlin. We were also both enrolled in the same geology course. I was having some difficulty with geology and thought that Bruce might be able to throw some light on the subject matter. At first it was very difficult for me to approach Bruce. When I finally did, he was a bit hostile. Later in that year, Bruce revealed to me that he was suspicious. After some discussion of geology in the previous week's lectures, we proceeded to talk about many other subjects which interested both of us. It seems that we both began to lose our suspicions and fears.

This first meeting took place in October. Using geology as the basis for our discussions, we began to see each other quite regularly. Further conversations were dominated by discussions about girls, love, movies, books, etc.

These discussions showed me that there was no reason to be afraid of Bruce. Furthermore, I didn't need to be careful about what I said or did, because it just didn't matter.

Initially, I was a bit surprised to hear, "I see this"; "Did you see that?", or, "Let's go to the movies". Yet this terminology is part of the key to our understanding of each other. I learned that the most important single factor in communication is understanding, not pity. By understanding I mean that one has to learn not to feel sorry for someone else just because he's handicapped. In addition, I discovered that Bruce did not feel that the "sighted world" was obligated to him. This understanding served merely as the basis of our friendship. Friendship allows people to share, to give, and to learn. I'd like to stress what I have learned about communication. This learning is part of what I try to capture in the poem we have included.

I learned about an entirely new field of communication which is independent of sight. (1) How does one give directions without talking about stoplights and familiar landmarks, "that everyone else knows about"; (2) How does one describe the look in someone's face, or, (3) the way two lines intersect on a graph? Touching, feeling, sound and direction became very significant all of a sudden. Sighted people have a point of reference when they look into someone's eyes and see a certain expression; the same reference is not present when they hold a hand, touch an arm, or listen for a tone in a person's voice. Similarly, sighted people tend to evaluate people by looking at them – "She's pretty", or, "God, what a dog". But how many people would say, "Her voice is like a squeaky door hinge", or, "Her voice really turns me on". What I am trying to say is that I am much more aware of the importance of "the other communication". It has influenced the way I approach other people. My hands have become a much more important part of me.

None of this was learned by asking, "How are you different than I am, "Bruce?" It came through experience and subsequent discussion of our mutual experiences. This is still an on-going process for us.

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When I (Bruce) first came to Oberlin, my conception of the communication problem between blind and sighted people was extremely naive. I did not think at that time that such a problem existed. However, after a few weeks at Oberlin, I found that my ideas about communication with sighted people were completely false. I found that communication with new acquaintances and readers was hard or impossible. I just couldn't seem to keep conversation going. There was an unspoken tension between a new acquaintance and myself. I couldn't seem to break the initial ice. A gap of silence, as well as a gap of understanding lay between myself and many new acquaintances I made the first year at Oberlin and this gap kept acquaintances from developing into friendships. What had I done wrong? I did not know then.

The answer only began to come to me when I met Bob Rich, my roommate for the last two years. But the relationship which has developed between us is far more than the shallow relationship which typically exists between roommates. Bob and I have become close friends, and this friendship will not end when we graduate, but will be life-long. How this friendship developed over the past two years may illustrate how some of the communication problems between blind and sighted people can be solved.

It so happened that sophomore year Bob and I were in the same geology class together. After geology one day, Bob dropped into my room and proposed that we discuss some of the terms used in the lecture that day.

I was suspicious of Bob at the time because of a remark he had made the previous year about the mentality of Californians in general. This remark I had not cared for. Because of this suspicion, I did not open up much at first. The next few times that Bob came to my room, our talks were limited to geology. Little by little, however, we discovered that there were other subjects about which we could talk, such as politics, religion, history and dating. I discovered at length that we had common interests, and this helped to ease the tension between us greatly.

One incident which really got the friendship going stands out in my mind. Bob had come in to discuss geology with me, and at that time I has having difficulty grasping a particular geological concept. Bob then clarified the concept by moving my hands to form the various shapes formed by a certain geological formation. At that moment, I began to understand what true communication meant. When someone can show you with his hands a model of a geological concept – that is when he can communicate with you in a very personal way – then all the tensions, all the hang-ups which come between blind people and their sighted peers have begun to break down. I retell this incident because it touched me at the time, and showed me the potential of the developing friendship, and how close we were to become later.

As the year went on, and the friendship between Bob and me continued to develop, Bob taught me a lot about communication with other people. I began to see that the problems I had had communicating with other sighted people the previous year did not stem from their actions, but rather from my reticence and my unwillingness to get involved with other people. By being around Bob, I realized that in order to start friendships going, one must be willing to draw people out and to indicate an interest in them and what they are saying. The previous year I had allowed other people to ask me all the questions, but showed no interest in the person with whom I was talking.

As a result of this, there were many embarrassing silence gaps which were not filled, and this stunted the growth of many friendships. By showing an interest in the other person with whom I was talking, I was able to spark conversation and fill in the tense silences which had existed before. By talking with Bob, I also learned to be more thoughtful of others. This meant that when I made an appointment with someone I showed up on time, whereas before I met Bob I just didn't care. He encouraged me to do things which I had never thought of before. He suggested, for example, that instead of spending all of my free time in my room reading or studying, that I drop in on people just to see how they are and to make an effort in getting to know them better. This had never occurred to me before. Before I met Bob, I thought I had very little to offer people in terms of interesting conversation – I just didn't think that I was very interesting at all. As a result of this attitude, I made no effort during the first year at Oberlin to get out and get to know people. Fortunately for me, this picture of myself has begun to change. As a result of knowing Bob, I have gained considerable confidence in myself and find it much easier to relate to other people.

Through our friendship, we have learned a great deal about each other. Bob and I have talked a lot about how people use their voices and what can be learned by listening to how people use their voices in different situations. Bob has told me that this increased sensitivity to voices has been very helpful to him in his relationships with other people. Bob and I have also talked a lot about the different attitudes of sighted people toward blind people. It has sometimes been very discouraging for Bob to see how some sighted people treat blind people – in other words they do not think of them as people, but only as *blind* people. Often in a restaurant the waitress has asked Bob what I would like to order, thinking obviously that I am incapable of ordering myself.

This behavior has been very discouraging for both of us. But through our talks we have decided that sighted people do not behave this way because they are stupid, but only because they do not know how to deal with blind people. In other words, the behavior of sighted people is based on ignorance, not on malice. Bob at first did not realize that this behavior on the part of sighted people probably arose from ignorance of what blind people can do.

Through my friendship with Bob, I feel that I have become a more open, sensitive, and thoughtful person. Through out talks, I have become more sensitive to the moods of people. I have gotten to know Bob so well that I can tell what mood he is in just by the way he walks in the door. It is very important to be thoughtful of others and to be sensitive to the moods of other people. If people are not sensitive to each other's moods, friendship can not develop. Bob has helped me to better understand what friendship is, and furthermore what communication between people really means. I think the following poem, written by Bob, best expresses my understanding and feelings about communication, as they have developed in the last few years.

LIGHTS BY TOUCH

by Bob Rich

To my friend Bruce, who helped me communicate.

Dictator,
You who control life.
Where am I to go?
How I am entrapped?
  I feel the peace
  as my feet sink in the
    carpet.
      I count the steps
      and then hold on to
      the door.

The darkness
in front of me
            BUT

You, dictator,
Dammit.
  I feel you know
  not different from you.

Yet, somehow,
As water trickles
on my face,
  as my arms
  slap, splashing
  through the water,
    The coolness
      in black
        at night
         in
  dark fields
  you know,
  I feel.
I hold people
and know who
they are,
  the muscles
  throbbing
    at my fingers.
Infinitely alone,
My black, though I see, you know.
Dictator, you,
who tell me how to
Be – – – – – – I feel.

THE COLLEGE EXPERIENCES OF NOEL RUNYAN

How do blind persons manage to get into technical fields such as engineering? In particular, how can a blind student like myself maneuver around the "impossible" obstacles which lie in the path I must travel to obtain a degree in a technical field? A brief account of my experiences as a student at the University of New Mexico in Albuquerque may help to demonstrate that those "impossible" obstacles are not as difficult to overcome as most people might imagine.

In the summer of 1964 a bottle of silver acetilide explosive blew up in my hands while I was working with it. One year and six surgical operations later, the doctors gave up hope and told me that there was nothing more they could do for me until medical science made some real breakthroughs in technology. The damage from the explosive left me totally blind and totally perplexed. My goals were crushed. How could I ever go to college, get a Ph.D., and make a living in my favorite area of interest, science? With no idea of where I was going, and even less of an idea of how I was going to get there, I blundered on into the bewildering surroundings of my new life.

First I went to our state's school for the visually handicapped for two months to learn cane travel and braille. Because that school was in a terribly backward condition, I decided to make other plans and instead, I attended the public high school in my home town and graduated from there a year later, in 1966. The advantages a blind student gains from attending a public school are too many to enumerate here, but suffice it to say, I think that visually handicapped students should try as hard as possible to attend public schools, especially in junior and senior high years. Participation in science club, science fairs, drama club and wrestling at the public high school were very important factors in my developing healthy attitudes toward life because I could participate successfully in these activities with sighted students, and I saw no reason why the same should not apply to college and, later, on the job.

The summer after graduation I spent at Arkansas Enterprises for the Blind in Little Rock, Arkansas, where there is an excellent summer program for college bound students. AEB has all of the programs and facilities one could expect to find at a good training center, and, in addition, students in the college prep program are exposed to a special program which is designed to equip them with the abilities and attitudes that they would need to help them along at college. Some of the activities I participated in at AEB were tours of university campuses, lectures by university professors, investigating methods for taking notes in classes, learning Grade 3 braille and use of the abacus, writing themes and research reports, taking tests, and having rap sessions with blind students who had just completed college.

Despite all the good training and preparation which I received during the summer, I found myself becoming more and more nervous about college as I packed my things and prepared to leave for the campus in Albuquerque. Looking back, I realize that I was only one of several thousand nervous freshmen and my feelings were far from unique as I unloaded my baggage on the doorstep of a strange, seemingly unfriendly, and all too large campus that was filled with more than 13,000 other students.

My first problem, after getting settled, was getting registered. At UNM, the registration process is an insane ordeal that obeys the Second Law of Thermodynamics, which states that all systems tend towards maximum chaos. The first semester registration ordeal generally entails five or six hours of waiting in lines. Fortunately, the University has a less involved, and much shorter, registration process for handicapped students. With the experience of wading through too many registrations, I have only one piece of advice for visually handicapped students: find a sighted guide who does not get tired feet too easily.

After recovering from the registration hassle, my next problem was figuring out how to get through my dormitory cafeteria. Going through with friends was not difficult since they could inform me of the food selection and help me find an empty table. When going through the line alone, I found it advantageous to arrive at the cafeteria early so that I could be the first in line. The cafeteria was so noisy I could not follow a line very well without annoying the person in front of me by repeatedly touching him or her. Another advantage to being the first in line was that I could easily find an empty table to sit at. The few times I went alone but could not arrive early, I managed without an accident.

Aside from the cafeteria, dorm life presented no real problems that could be traced to my blindness. After two years in the dorms, I moved to an apartment near campus because the study conditions in the dorm were almost non-existent. In looking back, I do not think that it was wise for me and I would caution others not to make the same mistake. Although I gained a great deal of freedom, I lost most of my social contacts by living alone in an apartment; I slipped into the habit of leaving my apartment only to attend classes and I soon acquired a very depressing outlook on life.

Once I had become acquainted with the campus and knew where all of my classes were – a task that required the help of friends – I did not have much trouble traveling around campus, but I will admit that it was not easy to hurry from one class to the next through halls crowded with hundreds of students. Later careful scheduling of my classes at registration time often saved me from having to dash from one end of campus to the other in 10 minutes.

When traveling around campus, I almost always use a half collapsible cane developed by my father who is a mechanical engineer. This cane telescopes to a long cane or collapses to half that length and I find it very useful in both lengths. I have tried more than six types of canes and have found this cane to be best; unfortunately, it is not commercially produced. I prefer a collapsible cane because it is convenient to store when not in use and it helps me not to feel so conspicuous. About the only time I travel without my cane is when I am in familiar territory and I do not consider most of the campus to be familiar just because I know where the buildings, sidewalks and streets are located.

Unlike the protected environments of the schools for the blind, a university campus such as ours is in constant change, presenting many travel hazards for the unwary pedestrian, both sighted and non-sighted. Construction workers leave deep, unguarded holes in the streets and sidewalks; gardeners leave rakes lying around with the teeth up and stretch hoses across paths and sidewalks; janitors leave mops and carts in the halls; faculty and staff members leave boxes and chairs in the halls; and some students sleep stretched out in the halls while waiting for their next class. Do not expect to be able to use much acoustical perception; it is usually too noisy; especially do not expect people to change their careless ways just because they inconvenience a blind person. The best thing is to put on a smile, be nimble-footed, use a long cane, and anticipate finding almost anything in your path.

To illustrate the fact that you should "expect to find almost anything in your path", I will relate a slightly spooky experience I had shortly after moving into an apartment. I was using my cane while walking along a street near my apartment alone when, quite unexpectedly, something soft hit the tip of my cane, grabbed it, shook it a bit, and then stopped. Expecting some kind of practical joker, I started looking for the culprit, but whoever or whatever had disappeared soundlessly. Later that night I was returning home and, being somewhat uneasy, I was listening very carefully. I heard nothing strange until whomp! something struck my cane and shook it. Being a little more prepared and less surprised, I had paid more attention to the sounds that followed. The thing let out a hiss, leaped into the street, and streaked away into the night. I had to laugh with much relief because I realized the culprit was just a curious cat who was drawn by the sparks from my metal cane tip. In the weeks that followed, my girl friend, Debby, watched and told me that all the cats in the neighborhood were stalking me in hopes of catching a mouthful of sparks.

But cats are not the strangest objects I have encountered in my path. By far the strangest have been people who are quite unpredictable when suddenly confronted by a blind person. Traveling among people requires a large measure of patience and forgiveness on the part of the blind person as well as on the part of people. This, however, can be overcome, but snow is another matter. The drivers in Albuquerque are dangerous and when the few snowfalls of the year occur no one is safe. A snow accumulation of more than three inches makes it almost impossible to find the sidewalks, covers up landmarks, and drastically changes the echos that I use to locate curbs. The best solution is to find a friend, but, when lacking help, dress warmly in expectation of becoming disoriented.

Now that I have explained how I got to classes, I should tell what I did there. I usually tried to find a seat near the door so that it would be easy to enter and leave the room; the front row end seat was the best. Professors could easily get to my seat to talk to me or to hand me papers and the noise from my braille slate bothered fewer people.

I have worked with several different methods of taking notes in the classroom. The three basic methods I considered were: 1. Obtain a printed copy of the lecture notes and have a reader read them back at the blind student's leisure. 2. Use a small, portable tape recorder to tape the lectures. 3. Take notes in braille. The first method was impractical since accurate lecture notes were hard to find. Few professors would hand out their notes, if they had any, and classmates tended to make inaccurate interpretations and to miss classes. Using a tape recorder seemed to be more promising but, after a few tries at recording, I left my tape recorder at home. The main problem was the amount of time required to go over the lectures a second time on tape; the recordings were not really notes at all. Few of the early courses I took warranted listening to the lectures again. I tried using the instant stop to edit the lectures but that helped very little.

Another significant problem was the fact that some professors will not allow their lectures to be taped for any of a number of reasons. In an attempt to get around these problems, I borrowed a steno mask and steno mask recorder. The steno mask is basically a recording microphone which is enclosed in a muzzle shaped mask that fits over the mouth of the user. The user speaks softly into the mask, the microphone picks up the words, and the housing of the mask traps and muffles the sounds so no one in the room will be disturbed by the noise. I found the steno mask system to be quite useful in lectures because I could take short notes, using the instant stop between notes, and the professors were not bothered by the idea of their voices being recorded. There was a drawback, though, in that those not familiar with the device wondered what I was doing with my face in the strange contraption and one lecturer told me that, at first, he thought that I had some kind of illness which forced me to take oxygen even during lectures. I only used the mask a few times before I had to return it, and I have not used one since because I could not afford the exorbitant cost. However, I do use a Norelco 85 cassette recorder for taking down short notes such as names, telephone numbers, addresses, and homework assignments. It is a quite handy gadget for me since it will fit in my pocket or briefcase.

The third approach for taking class notes has proved to be the most useful for me. At AEB, I was taught Grade 3 braille, which is a shorthand version of Grade 2 braille. In Grade 3 braille, unnecessary vowels are discarded, several hundred new contractions are employed, and the blank spaces between most words are omitted. Because the information in most of my lectures was filled with scientific notation and technical details, I did not find it practical to use all of Grade 3. I generally use Grade 2 with the vowels omitted so that, for example, "vowel" is spelled "vwl". In my heavier lectures, I often took about 800 words, five or six pages, of notes in a hour. Using some shorthand was necessary to be able to keep up with the lecturers. I took my notes in spiral notebooks of regular heavy bond paper instead of using the standard weights of braille paper and I buy the notebooks at the campus bookstore. The heavy bond paper is thin enough so that it greatly increases the speed with which I can punch braille in it, but it is heavy enough that it will retain the braille without smearing out. I also decided to use a plastic slate for taking notes since it is much quieter than a metal slate. The standard four line plastic slates come with about 1/8th inch high guide and support ridges between the rows which I filed off because they made it very difficult and uncomfortable to get at the braille cells with a stylus. I also glued some felt to the bottom of the slate to make it quieter. Since I am righthanded, I start at the back of the notebook, using the front pages as a pad to insulate the desk from the vibrations. When the notebook started bulging too much, I ripped the braille out and put it in a loose leaf binder. After developing this method in my freshman year, I have used it for all of my lecture notes.

Not all the classes I took were lectures. There were also labs in math, computer science, engineering, biology and chemistry. In many of these labs I had help from my friend, Debby, but for the labs where I did not have her assistance, I was able to get by all right because the labs usually employed the buddy system or group project approaches to the experiments. Some blind students hire a student who is majoring in the field of the lab to perform the experiments and take down data. In the biology labs, I used my Sewell raised line drawing board to draw the pictures I needed to examine. I feel that I have learned a lot from my lab courses and I can see no reason why blind students should not or can not dissect frogs, program computers, and mix chemicals with the rest of the students in the lab.

Having explained how I did the "in class" work, let me explain how I approached my homework. Undoubtedly the worst problem that any blind student faces at college is getting books recorded and reading materials that the professor assigns for homework. New Mexico does not have what could be called an advanced braille and recorded book system; the Braille Service is a volunteer organization which does virtually all of the text book brailling and taping for the state and it did a good job of supplying me with the books I needed for the first two years of college. When I started taking more advanced and technical courses, the Braille Service could not get qualified readers for the books I needed. Finding a responsible technical reader seems to require an immense amount of good fortune and searching. After my wife, Debby, graduated, she had extra time to do reading and, with her technical background, soon became a competent technical reader. I am convinced that practically the only way to have a good technical reader is to sit down with a responsible, intelligent friend and teach him or her how to read the material. After getting the books recorded, the next problem is keeping the tape recorders operational. I wore out several by the heavy use I made of them before I purchased one that was designed and constructed to stand heavy use. Eventually, and at a huge discount, I bought a three motor tape recorder which used electronic rather than friction braking and I am confident that this machine will last much longer than my previous recorders. I have learned one thing for sure, if you are going to use a tape recorder a lot, you had better get a good one and, if you are not any kind of mechanical and electronic technician, you better find some good friends who are because tape recorders, like cars, need maintenance and repairs.

While I am listening to recorded books I take extensive notes with my Perkins brailler and these notes, along with those taken in class, are my principal study materials. Since technical material is so hard to obtain in braille, almost all of my reading is from recorded tapes or records. About the only braille I read now are my own notes; but because I am not reading braille much, I seldom have a chance to see what the spellings are for many words and, as a result, my spelling ability has declined markedly. To help correct this problem, I am starting to subscribe to some of the professional periodicals which can be obtained in braille.

When working engineering and math homework problems, I use a variety of different methods, but generally I do all of the algebraic and most of the arithmetic manipulation in my head. However, I use some braille tables for values of functions such as sine, cosine, square root, and logarithm. I use my Cramer abacus or ancient Monroe desk calculator with a braille display when I want to do arithmetic with a large number of significant figures. I do have a circular slide rule but never use it because I can achieve the same degree of accuracy in the same amount of time by doing the calculations in my head. A quick and easy method for multiplying large numbers is to multiply from left to right instead of right to left, and stop when the desired number of digits is obtained. For me, being able to handle large algebraic equations and lots of numbers in my head was something I developed after a fair amount of training and practice. Occasionally I use the Sewell raised line drawing board to draw graphs of functions, but I usually manipulate the curves and graphs in my head.

There are, of course, many problems in engineering which require so many complicated details that I can not work them out using the tools and abilities which I have described and for these I often write computer programs to assist me in finding the solutions. Computers are good at manipulating details and complicated problems, so I have been using computers to solve many problems such as structural analysis and electronic circuit analysis. During the past year I have had on loan a teletype terminal which embosses an output in braille on a long strip of paper tape. This teletype is in my living room and I can connect it over the telephone lines to the University's IBM 360 computer and using the teletype as a remote terminal, I can call up the computer, type in my program, and, within a few minutes, have an answer in braille.

I have used the computer for two main types of jobs: one is to go through a large number of complicated mathematical calculations and come up with some answer in the form of numbers, the other is to draw curves, plots, bar graphs, maps and pictures. I spent one summer at Kirtland Air Force Base writing programs to do the first type of job, mainly mathematical calculations. Last summer I worked for Dr. Charles E. Hallembeck of the psychology department at the University of Kansas. While I was there, I worked on a large computer program which translates simple typed descriptions into complete visual displays that can be printed on the computer's high speed printer. Computer graphics programs such as the one on which I worked can be of great benefit to blind students who need to be able to make detailed drawings of curves, plots, bar graphs, maps and other pictorial information.

In addition to the computer, some of the most important tools that I have employed to help me to do my homework and studies are a tape recorder, a braille writer, a typewriter, a desk calculator, a braille abacus, a handwriting guide, and a raised line drawing board.

After studying and homework was complete, the only other real difficulty was in taking tests and working with the professors. As soon as I had registered for my first semester as a freshman, I went around and introduced myself to all of my professors before the first day of class. I tried my best to explain to each professor just what my predicament was, how I planned to take notes in class, and that I was getting the text books in a recorded form. The first question most of the professors had for me was, how was I planning to handle their tests and quizzes. I was not well prepared to answer that question because I did not have a clear idea of what type of tests they were accustomed to giving. Generally, the professors and I decided that we should "play it by ear" until we could come up with some good solution for testing. In the following semesters, I found that it was more graceful not to introduce myself to the professors before the first day of class; the second or third week of classes was better. This approach proved to be more acceptable for two main reasons. After sitting through a week of lectures I had a much better idea of the nature of the professor, his testing and grading procedures, and the type of material to be covered in his course. This bit of familiarity with the professor and his course helped me to be better prepared to answer his questions about how I was going to get along. After a week or two of classes, I also had a much better feel for how much and what kind of assistance it would be reasonable for me to expect from the professors. The second reason is that many of them were initially worried about how much it might disturb their lectures to have a blind student in their class, but their worries were quickly dispelled when they realized that I had already been attending their lectures for a week without causing any disturbance. In fact, most of the professors were greatly surprised when they learned that I was blind.

My professors and I employed many different procedures for taking tests. Courses like biology, anthropology and history tended to have tests which were very objective and consisted mainly in multiple choice, true/false, and fill in the blank questions. I usually took such tests by having the professor, a graduate student, my own reader, or a secretary, dictate the questions to me and then write down the answers that I dictated back. Tests in courses such as English and philosophy generally had more subjective questions which involved long paragraph or theme type answers, and for these I usually arranged to take a completely verbal test with the professor. These were sometimes more difficult to take because the professors tended to ask a lot of extra questions to assure themselves that I was completely familiar with all of the material in the course as well as the material over which they had tested the rest of the class. Sometimes I become extremely nervous when taking verbal tests, but with some professors, it was just as easy to relax and slide into a generalized rap session covering the course material. In some of my courses, I have been fortunate to have professors whose attitude was, "why don't you come over to my office Friday so we can talk about this material and see how you are doing with it." Although these verbal discussions are probably the most thorough means for evaluating the student's grasp of the subject matter, it is often the hardest for the professor to give a letter grade and it was not an unusual experience for the professor to floor me by asking, "I guess you know everything pretty well; what grade should I give you?" That is one question I still do not know how to dodge successfully! Tests can take many forms but the most unique I have taken was a final in structural mechanics. The professor came over to my house with his girl friend, asked me some basic questions about the course, and then asked me to sit down at my remote computer terminal to write and execute a program to solve a special structural mechanics problem for him. With a great deal of good luck, the computer, the teletype, and my program all worked properly and I got a good grade.

The grade I got for a course and how well I learned the material depended very heavily on the type of professor I had for the course and the attitudes with which I approached the professor. Some professors could not spend any time with me at all because they were too busy with their research and lectures. Some had light loads but could not be bothered with a mere undergraduate. Others really went out of their way to spend most of their time helping students to learn the course with less pain and more thoroughness. I have run into only one professor who has caused me any real trouble. This was a physics professor who was teaching first semester freshman physics when I had the misfortune to have to take the course. First of all, he could not understand why I was trying to major in physics. He told me that I had "turned up the wrong alley" and that "there just is not any place for blind people in the technical fields." He would not allow me to take any of the physics labs required for a physics major and did his best to try to make me stay out of physics. He suggested that English or music might be better suited to my few talents. As an undergraduate I did not have the strength or time to fight the opposition in the physics department, so I switched majors – not to English or music – but to electrical engineering. I have met with a great deal of cooperation and enthusiastic support from the faculty of the Electrical Engineering Department. Most of my professors have made an effort to help me through their course; some have gone so far as to invite my wife and me to suppers and parties. Of course, a few displayed attitudes such as "why me? Why did *I* get stuck with a blind student?"

The life of a college student is, or should be, more than just going to class, taking notes, doing homework – and taking tests. In order for a blind person to keep an active and stimulated mind he should involve himself in as much recreation and as many hobbies as he can make time for. I myself derive a great deal of satisfaction from my main hobby of designing, building and tinkering with electronic gadgets. I have entered some of my projects in competition in Engineering Open House and have written papers about these projects for engineering paper contests.

For recreation I have tried a large variety of activities. Some of those which I have found that I could enjoy are: swimming, tandem bicycling, motorcycling, wrestling, skiing, sledding, skating, rifle practice, hiking, camping, going to movies, plays, concerts, playing cards, bowling, and playing pool. The last of these activities – playing pool – was most enjoyable the first time I tried because I beat my wife, but I will have to admit that it was her first time, too.

In general, I think I have been able to live what would be considered a normal life for a college student. From the experiences I have had during my college years I would say that there are no "impossible" obstacles which should prevent blind students from going to college and getting degrees. However, a blind student must be prepared to exert a great deal of effort and hard work to get a degree, especially a degree in technical fields which requires so much work, even for sighted students.

While a blind person is going to college it might be helpful for him to keep in mind the idea that employers are going to hire the best person for the job, and a blind person is going to be the best person for the job only if he has exceptional abilities and talents to offset the difficulties of his visual handicap.

HUMAN POTENTIAL – AN UNCLAIMED UNIVERSE

By Clayton A. Morgan, Ed.D.

Introduction

Never before in history has such a challenge been presented to the rehabilitation professions. In addition to the categories of disabled persons we have assisted in the past, we have now been charged to help many others who heretofore were considered "hopeless".

Society is insisting that we develop a kind of wide-angle vision. We are expected to be able to envision many alternatives, many possible courses of action, many ways of defining the complex problems of attempting to help these people find meaning and purpose in living. We have the responsibility for providing the kind of climate and resources which will enable them to develop the self-understanding and skills essential for responsible citizenship.

How big or how restricted we see man will condition our decisions. If Helen Keller, as a young untamed and untrained girl, had been referred to you or to me, would we have passed up the opportunity? What possibilities would we have seen in her? Either by using or not using the common criteria of past performance, could we have caught even a fleeting glimpse of what this person could and did become?

Are we seduced by the same stereotypes that have tricked so many others over the years? To what extent can we become excited about helping reveal the richness of residual function and until-now-hidden potential of the person who has a disabling condition?

We who work in rehabilitation have an awesome responsibility. Repeatedly we are placed in a position of making a judgment based on our concept of what man is and what he may become. In what dimensions do we view man? Do we see and project strictly on what is visible, the small fraction of the "iceberg" which is above water?

Much of society "proved" a long time ago that many persons who are handicapped had lost so much – were so restricted in their opportunity for growth and development – that they could best be identified by referring to their handicapping condition. Witness the still-common way of labeling one who may be healthy, intelligent and functioning quite adequately, but who has no vision. How is he described? He is a *blind* man. Should he have monocular vision, he is commonly known as a "one-eyed" man.

Those of us experienced in rehabilitation have learned the hard way that this way of identifying a person with a handicap introduces much more than an abbreviated way of speaking or writing. Too often the public has such a limited concept of human potential that the mention of a handicap immediately focuses attention on the lost function, on what the person cannot do.

Over the ages these myths have become so solidly entrenched that even the "success stories" are often read and discussed in awe. They are considered to be such dramatic exceptions to the rule – as if all natural laws had been broken!

In short, the helping person can find plenty of support if he decides to argue that a given client is not "feasible", often based simply on the evidence that he has lost too much. It requires a wealth of faith, intuition and professional navigational skill to chart our course through the reefs formed by the dead and dying bodies of yesterday's (and today's) falsehoods, fables and folklore.

James F. Lincoln has stated: "He (man) is a hopeless clod in much thinking now, not because he was made so by the Creator, but because custom encourages him to be no more than that. Bad leadership, bad morals and crass stupidity have made man a shadow only of what he can be, what God intended him to be, and what he eventually will be . . .

"The greatest waste that can be imagined, far greater than any material waste, is the waste of man . . . " (15)

How can we hope to appreciate the extent of this waste? For one thing, we must explode our understanding that what a handicapped person has left often dwarfs what he may have lost. Our primary task stands starkly revealed: with our broadened understanding, we must help reveal man more fully to himself and assist him in acting on the discovery to whatever degree he desires.

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"Latent abilities are like clay – it can be mud on the shoes, brick in building, or a statue that will inspire all who see it. The clay is the same". (15)

In John Bartlett's classic book of *Familiar Quotations* over 1,000 references can be found in the index under "Man". Even a brief scanning of the topics shocks one into a fresh realization of the broad range of man's interests, capabilities and ways of expressing these capabilities. We find such words as beast, a flower, adores, blush, Christian, Darwinian, frailty, happy, honest, is a rope stretched, is small potatoes, of toil and care, strong, who cannot laugh, wills us slaves, etc., etc.

The latent ability of the "clay" defies the imagination. In physical stamina alone, we find many startling examples of individual and group accomplishment. Man can adapt to living conditions ranging from extremes of Arctic cold to desert heat. Early explorers found the natives of Patagonia at the southern tip of South America surviving with practically no clothes in a barren and hostile land. The aborigines of Australia live with a near minimum of implements other than their bare hands and a boomerang.

Recently we have instances of men well past retirement age who have crossed the oceans – some of them alone.

A study of the past reveals the diversity of man's capabilities. Many people driven by religious convictions have undergone unbelievable hardships to further a belief or creed: the martyrs, Jerome, Huss, Fox. Others have also demonstrated the resiliency of the human spirit in support of a dream or a cause: Columbus, Galileo, Goodyear, the Curies.

A Gandhi strides across the horizon of history revealing that a man with an unshakeable purpose – even though he may own little more than a loin cloth and a dollar watch – can shake an empire to its roots.

But the sword of aroused potential is two-edged. While a crucified Christ can exemplify a quality of love which forgives even those who nail him to a cross, a Hitler twists and perverts potential to the evil end that men become hideous caricatures of themselves.

Potential is not reserved for a particular class or caste. It is expressed by the proud, the rich, the poor. Many outstanding people have had humble backgrounds: Isaac Newton, William Shakespeare, Layola, Gauss, Goya, Lincoln.

In our own field of working with the handicapped, we have time and again seen what can be accomplished when a man or woman glimpses who he is, what he can become, and sets about using resources to realize his dream. We have referred to Helen Keller. Hers is a well-known story of inspiration and courage and the world pays tribute to her magnificent example of achievement.

More and more, too, the world is gradually becoming more aware of the accomplishment of many of "the quiet people" – those who never make the headlines but nevertheless overcome severe handicaps to achieve on a par with or far beyond those whom we have not classified as limited. In recent years we have dared to believe that many of the people who were once thought beyond the point of no return have the potential to be rehabilitated and again join the mainstream of society. We referred to these earlier: those who are alcoholics, drug addicts, chronic public offenders. Increasingly it is apparent that society has had a locked in or frozen image of such persons which has served as a sort of self-fulfilling prophecy. No one as yet is claiming to have a 1.000 batting average in helping salvage such populations. At the same time, the increasing frequency of success is forcing the painful awareness that the reason why so many have stumbled – or been pushed into – or "neglected into" oblivion is not because they had lost the capacity to lead meaningful lives. Rather, our belief of what can be has been overly contaminated by what has been.

Too frequently we have confused the myth of the all-knowing case history with the miracle of man which can defy the most expert prognosis. Isn't it exciting to know there are hidden strengths in every person which cannot be predicted in terms of the past? Could it be that the professional ethic of tomorrow will compel the dedicated helping person to take into much greater account the importance of the "x" or unknown factors of human potential?

What are the myriad forces in man which make it possible for him to dream, to imagine, to think, to do? This question has been with us throughout recorded history. Certainly any insight we might share on this question here will be brief and quite incomplete. One of our central objectives will have been achieved if our readers will come to a fresh realization of how vast and sprawling are the unanswered questions in even one area: the human brain.

Much research is being devoted to unlocking the mysteries of the brain. Here is a frontier which rivals or surpasses space exploration. The study of our "inner universe" is being approached on a diversity of fronts. It all makes for fascinating reading.

A resume of much of this research is presented in a recent article by Lee Edison in *Think* (6). Mr. Edison points out that these pioneering efforts have given birth to a new interdisciplinary science which has as its objective "cracking the brain code".

Our purpose is not to give all the details of such research. Rather, it is to reflect some of the present knowledge which helps us better to understand the near-unbelievable resources of what Dr. Whitt Schultz calls "the gold mine between your ears".

In the words of Mr. Edison, "The human brain of course has always staggered the imagination of man. A small 3½ pound mass of convoluted pinkish-gray jelly which you can hold in the palm of your hand, it contains a structure of 10 billion cells, each of which may have 60,000 junction points, whose interplay has eluded the best minds. How does this relatively small bisected organ in the head, which consumes no more power than a flashlight, adapt to changes and instantaneously guide the body to safety and survival? How does the brain think? How does it remember and create, and why is it both rational and irrational?

Some of the studies reported by Edison must be read and re-read for one to mentally savor their implications. For example neurologist Frank Morrell (at New York Medical College) "has succeeded in detecting alterations in the properties of a single cell (one cell out of 10,000,000,000) resulting from or at least related to exposure to specific experience. In work being done at Caltech, Roger W. Sperry was the first to prove by delicate experiment the specificity of nerve connections in function and growth. . . . Sperry further showed that the individual brain cells (each of the 10,000,000,000) must be tagged with a chemical label. 'An elaborate chemical guidance system operates in brain development,' Sperry points out. 'The brain,' says MIT's Dr. Walter Rosenblith, 'is more than . . . a logic machine. It's a cybernetic device with multiple options for processing inputs'. Rosenblith adds that to fully appreciate the brain, one must use techniques that deal with changes in the brain activity not in a thousandth of a second, but in a millionth and even a megamillionth of a second."

In his small volume *Man's Unconquerable Mind*, Gilbert Highet (13) paints a brilliant word picture of how life and consciousness is continuous, pulsating, dynamic: "Day and night, from childhood to old age, sick or well, asleep or awake, men and women think. The brain works like the heart, ceaselessly pulsing. In its three pounds' weight of tissue are recorded and stored billions upon billions of memories, habits, instincts, abilities, desires and hopes and fears, patterns and tinctures and sounds and inconceivably delicate calculations and brutishly crude urgencies, the sound of a whisper heard 30 years ago, the resolution impressed by daily practice for 15,000 days, the hatred cherished since childhood, the delight never experienced but incessantly imagined, the complex structure of stresses in a bridge, the exact pressure of a single finger on a single string, the development of 10,000 different games of chess, the precise curve of a lip, a hill, an equation, or a flying ball, tones and shades and glooms and raptures, the faces of countless strangers, the scent of one garden, prayers, inventions, crimes, poems, jokes, tunes, sums, problems unsolved, victories long past, the fear of Hell and the love of God, the vision of a blade of grass and the vision of the sky filled with stars.

" . . . the wise and energetic man contrives to use his mind even while his body sleeps, the stupid and helpless man dreams half his life away, even when his eyes are open.

"Every human brain is filled with unused power. Out of all the billions of men and women who have lived, only a few hundred thousand have been able to employ so much of that power as to change the world. The rest have been dutiful or lazy, good or bad, sensuous or self-denying, thrifty or wasteful, cowardly or brave. Those few hundred thousand, perhaps only a score of thousands in all, are the minds that have made our world. Scientists, strategists, industrialists, aesthetes, explorers, inventors, organizers, authors, musicians, philosophers, doctors and teachers, lawyers and statesmen, several thousand in each class, these are the minds who have given the rest of mankind incalculable benefits, or done it immeasurable damage. They are responsible for much of human history."

In his comprehensive book, *The Nature Of Human Intelligence*, Guilford (10) presents a structure-of-the-intellect model which identifies 120 factors which are included in what we refer to as intelligence. Only a limited number of these factors are measured by the tests which result in an I.Q. score. We are becoming more aware of additional dimensions of ability which have been overlooked in much of the "objective" measures which evidently have been credited – if not explicitly then certainly implicitly – for covering a much broader universe of factors than they actually did. MacKinnon and his associates at the Institute of Personality Assessment and Research at the University of California in Berkeley have raised serious questions about some of the admissions practices of colleges and universities. Gough (8) in his research has reported there are low correlations in studies he has made between scores on tests used for admission to certain fields and subsequent professional success or achievement.

This is not to be interpreted to mean that measures used in the past are of no consequence or have no relevance for success. Rather, it emphasizes that psychometrically speaking we have been sometimes trapped by a restricted or truncated concept of the "one true path to grace" in attempting to assess potential.

In Gough's words: "Our challenge, as students of behavior and achievement, is to value diversity, to cherish the differences among people and the individuality, and a greater resistance against the pressures of modality and conventionality."

In a current paper Parnes (24) refers to the research which has been concerned with the importance of nonacademic achievement, and its lack of correlation with typical academic achievement. Nonacademic achievement was considered in such diverse areas as science, business, drama, art, writing, athletics and social service. Examples of nonacademic activities include special recognition for leadership, inventing a patentable device, winning a speech contest, and composing music which has been given at least one public performance.

Emphasis here is not on pitting the academic – as conventionally defined – versus the nonacademic. Rather it is to bring in focus the richness and diversity of human potential. In 1929 Felix Schelling expressed this concept when he wrote:

> True education makes for inequality;
> the inequality of individuality,
> the inequality of success;
> the glorious inequality of talent, of genius;
> for inequality, not mediocrity,
> individual superiority, not standardization
> is the measure of the progress of the world.

A professional worker in the field of rehabilitation, Stanford C. Ramsey, has painted in verse a picture of diversity and likeness in two girls. One of these girls is intellectually bright; the other one is mentally retarded. Yet there are facets of both which interface where they can commune and meet as equals:

> With probing mind alert she reads the book,
> Abstruse and deep that broadens reason's sway,
> And gives to things obscure the second look
> That magically converts the night to day.
>
> With dim and shadowed mind she sees the page
> And is confused, for knowledge only yields

To those whose minds are bright – the heritage
Which conquers with the sword that logic wields.

With eager heart alert she sees a rose,
Fragrant and beautiful beyond compare –
Beyond all explanation, yet she knows
The glory of the summer's waiting there.

With eager heart alert she sees a rose,
Fragrant and beautiful beyond compare,
Enrapt, she does not feel the breeze that blows
The breath of scented petals in her hair.

No longer strangers – they are sisters then,
Bright beauty sheds her smile on both of them.
There's kinship in a garden. Nature's pen
Writes brilliantly in light however dim.

Such a sensitive understanding of man would seem to be the exception – not the rule – in our world. There are many forces at work which make the challenge of releasing man to an appreciation of his potential and acting on the discovery a difficult one. Some of these forces have been referred to as the "pestilence of cultural diseases".

Jourard, (14) speaking as a transcendentalist, states that "there is ample reason to suspect that man, as we encounter him, is fundamentally estranged, alienated from his own experience and possibilities. He has renounced his experience of freedom and his freedom to experience. In order to conform to the social systems in which he exists and to a sclerosed concept of himself, man feels obliged to conceal much of his experience from others. If he conceals too effectively, he becomes alienated from his experience. Phenomenologists are discovering that typical human experience is fragmented, serialized, objectified, separated from action – in short, reduced from its earlier promise of richness and wholeness. Indeed, we denigrate as infantile, mentally ill or primitive those persons who report experience in which fantasy, memory, feeling, perception, conceptualizing and action are all integrated into a rich syncretic unity. We reward the man whose experience of himself and the world is fragmented or intellectualized and schematized, like a blueprint or map. He is studied by psychologists, while 'transcendent,' those who have 'peak experiences' or a deviant experience of the world are not studied or conceal their offbeat experience. Thus, the possibility arises that our psychology is a faithful report of human beings who have compiled with social pressures and have reduced their experience of themselves and their world in order to 'play it safe' and conform. . . . Actually, the study of transcendent functioning is a misnomer. Man doesn't transcend his real being; he transcends only someone's concept of his being – his own concept or that of an investigator or a witness to his conduct. Man cannot go beyond his ultimate limits. He only reveals powers beyond someone's concept of his limits. If model man's actualizing of possibilities is a feeble hint of what he might be, do or become, and if man might become what he (or someone) is capable of imagining he might become, then wild imagination about human possibilities must be encouraged, both in individuals and in those who function as consulting specialists. Surely it is a sad commentary on the profession of psychology that writers of science fiction, certain leaders, poets, mystics, inspired teachers of the young all have been more productive of concepts of human possibility than psychologists."

Birdwhistell (3) sees the increasing reliance on the use of the written word and a computer technology as endangering the use of understanding and experience which cannot be reduced to words. It is essential that words are not considered more important than the experiences for which they stand. We are reminded of the man who had a date with a young lady who, according to the computer, would be an ideal companion. It turned out that she qualified on the literal description of her education, background, age and dimensions. The problem? He didn't like her!

We grow and learn by using a multi-channel system. Regardless of the value of our most sophisticated storage and retrieval systems, man defies being reduced to a set of symbols.

In the rehabilitation field, we are repeatedly reminded of "the cultural pestilence" as these hinder the exploration and use of our human resources. To illustrate, those who work with the aged must battle the stereotype that the personality of the aged person is essentially unchangeable. Pearson (25) and others have demonstrated that this is not the case. But the larger society stubbornly clings to outmoded beliefs. We often behave as though we have a vested interest in our mistakes even when human worth and dignity is at stake. "The circular reasoning which deprives him of the opportunity to change is often used as a shibboleth to damn him for not being capable of changing."

Part of the "evidence" used to justify this "logic" is that many of our past studies have been based on hospitalized or institutionalized populations. Why could not someone make a study of the nearly 15,000 people in this country who are past 100 years old? At least it could be a start in the direction of thinking in terms of strength and resiliency instead of pathology.

Otto (21) is recognized as one of the outstanding authorities in the study of human potential. He believes that our social institutions have fallen short in their primary responsibilities. "Institutions have one function only; they exist as a framework for the release of human potential." Otto feels that too many of our schools are authority centered, with primary emphasis on content learning; the church, the family and government have likewise been negligent in helping man become more fully revealed to himself and provide the climate where he is rewarded for well-rounded growth and development. Superficial relationships with other people, ingrained habit patterns, fear of being more open – it is not easy to determine the reason(s) for such hindrances to the development of potential but we do know that the social milieu is of great importance.

Important, too, as a hindrance is the tendency of a person to make decisions and then doggedly to follow through irrespective of the relevance of new knowledge or changed circumstances. It is possible to have earnest convictions and pursue objectives while at the same time being responsive to other alternatives and ideas.

An incident from the life of Thomas Edison dramatically illustrates what can happen when a person effects premature closure on his options. Of all people, we would probably feel that Edison always would have been alert for anything pertaining to electricity which offered promise for development and use. Yet he turned down the opportunity for developing an economical way of generating alternating current when Nikola Tesla enthusiastically shared with Edison particulars about the model polyphase motor he had made. (19)

Why?

Edison already had a vested interest in the generation and transmission of direct current. He evidently rationalized that he was in possession of all the essential, relevant facts. In short, he had made a hard and fast conclusion. And what excitement is there in conclusions?

Telsa later sold his patents to George Westinghouse for a million dollars. The whole Niagara Falls electrical complex was built around the concept of generation and transmission of alternating current. Edison passed by a golden opportunity because he knew *the* answer. Or did he?

This preoccupation with *the* answer and *the* way is another deterrent to our more fully exploring the mystery of ourselves and our inner world. It helps explain why the implications of Extra Sensory Perception (ESP) or psi phenomena have been viewed with such skepticism. Here is a kind of energy which produces no space-time manifestation. Pioneers in the field, such as Dr. J. B. Rhine, a man of unquestioned dedication, intelligence and integrity, find it wearying to, as it were, re-invent the wheel again and again, even when they use more rigid kinds of experimental controls and levels of statistical significance higher than are considered minimum for those in the "established" sciences.

In Dr. Rhine's words, "The most immediate bearing of the facts of psi upon the world is that of challenge. This revolutionary set of findings is so basically incredible to the organized trained mind of today that it is almost automatically rejected. Indeed, few minds ever are trained to handle a radically new discovery; and the easy test of whether the new is consistent with the old serves most scientists as sufficient basis for rejection. The facts of psi are not consistent with the physicalistically dominated natural science of today. Most serious of all is the fact that the accepted doctrine becomes so closely identified with the natural vanities of those who have acquired it that anything which challenges it offers a personal affront and most be fought to a finish." (26)

Why does man feel he must make up his mind about things which do not demand immediate resolution? Why don't we develop our capacities to play with ideas or concepts, mentally taste and touch and toss them around, imagine the "what ifs" of possible solutions to problems, welcome rather than fear the development of spontaneity, release our thought to "imagineer" as well as make judgments and sober decisions?

What a price we pay for our lack of spontaneous playfulness and receptiveness to new experience! One hundred years elapsed from the time John Wilhelm Klein in Austria first used a stick on a dog's collar to get a sensation of direction and control before the principle was applied in work with the blind. When Igor Stravinsky presented "The Rite of Spring" at the 1913 Paris premier, the audience reaction was so turbulent that Stravinsky fled through a backstage window just before police arrived. In Germany, Frederick the Great used a hardsell approach when he sent seed potatoes to farmers, accompanied by soldiers to force the farmers to plant them. The vigorous campaign, aided by a food shortage during the Seven Years' War, finally succeeded in popularizing the potato in Germany.

We are well aware that there are many sincere differences of opinion about how far it is proper to go in influencing anyone to be receptive to new experience and to "do his best". It would be the height of folly to imply that the part of a particular capacity as being wasted simply because it is not used at a given time. A receptiveness to new experiences and a willingness to experiment must be tempered with a sense of responsibility both to ourselves and others. To maintain any semblance of sanity, we must differentiate among the stimuli which bombard us from all sides. Selective desensitization has as important a role to play as sensitization. We know of other examples where the "untried new" was forced on people and did not turn out nearly as well as the illustration of Frederick the Great compelling the German farmers to plant potatoes.

In short, it should be made quite clear that this paper is not a plea for cajoling, enticing, or "motivating" each person to discover the outer limits of his abilities and then seeing to it that he functions almost continuously at maximum capacity. It would be ridiculous to operate a 300 h.p. engine at full throttle simply because of the potential. The pity, using the analogy, is that there seem to be many people with 300 h.p. potential who have little understanding that they have any reserve power beyond 30 h.p.

Even with this understanding, there are many factors which influence what aspects of potential a person uses and how. Heilbrun (12) states that "reference to potential without specifying the conditions under which it is to emerge is a rather useless exercise; potential is always conditional.

We already have mentioned a number of variables which may operate in our world to restrict or block the development of potential. Some of these, such as poverty or ignorance, are especially difficult to overcome. However, given the right climate and impetus, the very difficulties we encounter may be the sparks which will help initiate the process of calling on our hidden reserves. The oldest discovered living things on earth are the bristlecone pines. One, "Pine Alpha", is 4,300 years old. The bristlecone grows at an altitude of 10,000 feet. It is an almost barren area with high winds, a minimum of rain, and with extreme temperature variations. Yet they have survived partly because their living conditions made them struggle to stay alive.

Peter Hall (11) has stated that "complete agreement is boring; complete comfort is regressive, complete peace is stagnating and complete stability is ultimately destructive . . . development and growth require thinking and consciousness which depend on diversity, heterogeneity, conflict, alternatives, challenges and change . . . an individual, to develop and use his potential must be challenged, must accept ambiguity, must participate in conflict. . . ."

In considering ways to train those who give promise as thinkers, Highet (13), speaking in a similar vein, suggests "one is to give them constant challenge and stimulus. Put problems before them. Make things difficult for them. They need to think. Produce things for them to think about and question their thinking at every stage . . . tell them to discover what is hidden."

Could it be that we have been deceived into believing that man is satisfied with sex, sedation and social security? Do men stand proudly erect, explore their hidden strengths, discover ways to heal broken minds and bodies, and forge the tools for cleaning our air and water when their birthright is bartered for Roman circuses, drugs and a dole?

A quick look at an amateur athlete – when he is truly an amateur – reveals that many of our common assumptions become quickly suspect. Not money, nor short hours, nor safety, nor security is his incentive. He is not involved in collective bargaining. Neither is seniority per se an incentive. Who would want the oldest player to remain on the team simply because of the longevity factor?

Recognition based on accomplishment is the payoff.

We have a working example of how one industry has used this principle of "adventuring", of recognizing that many people feel most alive when they are caught up in the pursuit of objectives which reward them in proportion to the degree they marshal and put to constructive use their potential.

The Lincoln Electric Company, world's largest manufacturer of arc welding equipment, has accomplished this by a system called "Incentive Management". In a report published by the company on December 5, 1969, it was pointed out that today Lincoln welding machines and electrodes are sold at the same or only slightly higher prices than they were in 1934 when the first bonus was paid.

How was this accomplished during a time of spiraling costs for labor and material? The answer seems to lie in the way Lincoln conceived of ways of tapping human potential. Recognition has been used in imaginative ways. Workers are rewarded for helping achieve the stated positive goal of providing service to the public in the form of a better product at a lower cost. Each worker's rewards are in proportion to his ability.

The motto at Lincoln is: "The actual is limited: the possible is immense". This is in keeping with the philosophy that "what a certain machine can do is reasonably easy to determine, what man can become no one can know completely. That he can develop greatly is proved by the history of every person. How far he can go is unknown" (15). The philosophy seems to have worked. In 1969 alone the company's employees received incentive cash bonuses totaling $16,544,000 distributed in proportion to each worker's contribution.

Could it be that Hall (11) was right when he said that "the identity of many a blue-collar or white collar worker . . . feels constrained, powerless, and is able to extract very little meaning from his work. His options are few and he possesses little self-determination. . . . In reaction to the standardization, routinization and monotony of his work, the worker has organized formally and informally to increase the degree of control over his job and to restrict the power of those in authority. Thus, behavior akin to industrial sabotage can be found in most factories and large offices."

Could it be we have underestimated that part of man which responds to the call for responsible involvement and individual and group accomplishment? Sometimes the expressions of "carrying the torch" or "having a cause" have been used in a negative sense. Where in the realm of lasting human achievement do we find a sense of pride and self-actualization occcurring other than when there is purpose and a sense of direction. Jourard (14) captures this thought when he states that "man's intentionality, will or decision to do or be something is a force in its own right, a force that exists under the sun as surely as do wind, biological pressure and social norms."

What are some other ways we can stimulate man so that the drive and intensity of his "intentionality" will be strengthened by a better understanding of his capabilities? In recent years there has been a proliferation of approaches. We shall touch briefly on one area – that of creativity or applied imagination as an aspect of human potential.

Beginning with the inspiration provided by Alex F. Osborn (20), Dr. Sidney Parnes and others at the State University of New York at Buffalo, have served as a nucleus for providing leadership in the Creative Education movement which is influencing approaches to training and development of personnel in business, education, industry, government and the health related professions. One of the most unique programs of its kind in this country, the Annual Creative Problem Solving Institute, held each summer at Buffalo, is staffed by a volunteer faculty and attracts several hundred participants from throughout the United States and many foreign countries. An example of the approach to training at Buffalo can be found in the Creative Behavior Guidebook written by Dr. Parnes (23).

In reflecting on the growth of training programs in creativity, Dr. Parnes, in a recent article, has stated, "Over the years, I have been interested in the relatively new programs for human potential development: courses in creative problem-solving, sensitivity and awareness training, general semantics and related areas, and art education programs of various types. All the research to date seems to demonstrate that we can design educational programs that give individuals new scope for their individual processes. . . . "

Based on many years of group leadership experience and research, Dr. Herbert A. Otto (22) has recently published a comprehensive volume outlining group methods which may be used to actualize human potential. For the student who wishes to investigate additional approaches to problem solving and the development of potential, some other suggested references are Gregory (9), Schneider (27), Allen (1), Gordon (7), Anderson (2), Murphy (17) and Sorokin (28).

Perhaps the most single influential variable in helping discover and express human potential is the "contagion of spirit" which is radiated from the person who is a living, breathing example of one caught up in the excitement of being "released to the wisdom of his own mind" (27).

How better to view sparkling new facets of life than through the eyes of another who is able to stand still and looks until he really sees – and then helps us see – and touch – and feel. Kenneth Clark, in describing art critic Bernard Berenson, wrote: "He found enough beauty in his own garden to suffice for the whole day. And he used to say 'Each morning as I look, I wonder where my eyes were yesterday' " (4). To have the rare fortune to associate with such a sensitive person enhances the likelihood that we will explore more fully the limits of our senses – that our Awareness Quotient will make a significant forward leap.

Many a person has also found stimulation and release to a broader world by making friends of books where we can visit with some of the greatest minds of all time. "The best way toward greatness is to mix with the great . . . and the secret of education is never to forget the possibility of greatness" (13). Blessed is the student who has a teacher – whether in school or out – who excites him to visit in print with the immortals of the past.

Murphy (18) states that "our problem in the release of human potentialities are only to a limited degree problems in how to give the best rewards to excite the biggest scientific or artistic efforts. Much more they relate to the problem of identifying early, valuing and cultivating fully the kind of man or woman capable of stimulating, enriching, nourishing, supporting and guiding those with potential passion, possibilities of knowledge, skill or creative achievement."

Murphy's comments have a familiar ring and a peculiar relevance for those of us who work in rehabilitation. How can a helping person effectively assist others in developing and using residual abilities or skills – or in discovering and refining human potential – if he himself has not and is not experiencing the same kind of ongoing adventure in living?

In another article the writer has explored this question in considerable detail (16).

At the beginning of this paper we asked whether or not you or I would have had the faith to see potential in Helen Keller had she been referred to us as a young girl. Perhaps a fitting way to summarize the essence of what we have been trying to say is found in the two poems printed elsewhere in this issue of *Blindness* by two deaf-blind poets, Bob Smithdas and Richard Kinney. Bob Smithdas, in "Little Things", gives us a delightful peek at the magnitude of potential when he writes that "in a tiny withered seed a thousand roses sleep" . . . and "one man with a consuming dream can . . . turn silence into deathless song".

Richard Kinney, in his tribute to Anne Sullivan Macy, speaks of the world of the deaf-blind children as having "no natural song of speech . . . nor . . . can radiance of rainbow . . . pierce that dusk whereof they are possessed". Yet, these are "laughing children . . . life is good!"

Why?

"Because you lived, wise teacher."

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THE STORY OF FINANCIAL AID TO THE BLIND IN AMERICA

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Definition

Aid to the blind refers to the State-Federal program to provide needy blind persons with income to secure the necessities of life with financial independence of other individuals. Blindness is not defined by Federal authority, but is left to each State to define, and in practice the blind may include persons with insufficient vision to perform tasks requiring sight as well as those completely lacking vision.

Early State Legislation

Public aid for the blind came to individual States before the Federal government took it up. State laws provided aid generally referred to as pensions in 24 States by the end of 1934. In only 7 States were the systems Statewide, though the coverage in 4 others was 95 percent or more. Some States had mandatory acts while others had optional acts. Idaho has had a blind-pensions act on the books since 1917 which was mandatory but provided no State aid; Kansas in the Revised Statutes of 1923 had an optional law. Ohio was the first State to pass an act, in 1898, followed by Illinois in 1903, Wisconsin in 1907, Kansas in 1911, and Minnesota in 1913. Three States acted in the first 7 months of 1935 raising the total to 27 States with acts providing support for the blind, 18 of which were mandatory. The acts of Maryland, New York, Washington used the term "relief" for the payments. The maximum allowance per month of the 1934 laws was $50. Examples of actual payments in 1934 were averages of $33.12 in California and 83 cents in Arkansas; the average allowance in 22 States of $6,724,876 to 31,093 persons in the year was $20 per month per person. The industrial States of New York, New Jersey, Pennsylvania, and Illinois paid allowance of more than $20 per month.

In the States with optional acts only one-third of the counties having 36 percent of the States' population had adopted the system.

From State to State there was a wide variation in the percent of applications granted. A large number of rejected applications was indicative of limited financial resources. Some States accepted no new applications.

In all probability there were in 1934 no less than 100,000 people in the United States who were blind in the sense that they had no useful vision. The number of blind persons receiving "pensions" in 22 States was in 1934 – 31,093. Although some blind were being cared for through old age pensions, many needy blind persons were on public relief rolls. The average amount of relief was generally much less than the old-age pension.

The proportion of State aid provided for in the acts ranged from 33 to 100 percent, but in 13 of the 22 States reported on, the county treasuries actually paid 100 percent. In

4 States the State aid was 100 percent of payments to the blind. In California the State aid was 50 percent of payments. In Colorado and Illinois the State failed to meet its obligation, and payments to the blind fell into arrears in Illinois.

In the different State laws minimum age requirements varied from 16 to 60. In most instances the age requirement was either 18 or 21 years. Six States had laws with no provision. A residence eligibility was generally required varying from 4 to 9 years. Citizenship was required in 5 of the acts. All but two of the laws had a limitation on means, usually in general terms such as "means insufficient for self-support." About one-third of the acts set a definite property or income limit. All the laws required proof of blindness and most required examination by an expert designated by the authorities. Definition of blindness appears in some of the laws. In 6 States an applicant was eligible for assistance whose vision was defective so he could not support himself; other States used terms like "destitute of useful vision", degree of vision, loss of sight of both eyes, and light perception only.

The acts of 11 States prohibited payments to persons having relatives able to support them. Many acts prohibited payments to persons in institutions – public, private, charitable, penal, etc.

Early Federal Legislation

The first Federal legislation providing aid to the blind was the Social Security Act, approved in August 1935, to make available payments to States which have made plans acceptable to the designated Federal official.

The requirements of a State plan for aid to the blind to be approved under the Act were as follows, in brief.

1. Effective in all politial subdivisions of the State.
2. Provide financial participation of the State.
3. Provide a single State agency to administer or supervise administration of the plan.
4. Provide for hearings for any individual denied aid.
5. Provide for efficient operation.
6. Submission of reports specified by Federal authority.
7. Deny aid to any person receiving old-age assistance.
8. Exclude further residence requirement for persons residing in the State 5 of the last nine years including the last year at application.
9. Exclude any citizenship requirement denying aid to U. S. citizen.

The grant to each State at the start was half the expenditure for aid to the blind up to $30 per person a month. Grants could be suspended for failure to comply with requirements.

The reason for the Federal legislation gathered up in the Social Security Act of 1935 was to protect people against the hazards of life which are beyond control of themselves or private enterprise and which therefore must be controlled by government, including the hazard of blindness. The purpose was to make Federal money supplement expenditures of State funds and not to replace State funds.

On December 15, 1936, 27 States and the District of Columbia had approved plans for providing public assistance for needy blind persons. The first plan approved was that of Wisconsin on December 23, 1935. Payments of grants to the States started in February 1936.

The administration of public assistance was to rest with the States in all particulars beyond the basic requirement in the Act. A State might have centralized administration or local administration under State supervision. The amount of assistance granted and the conditions were determined by the State. The reason for requiring a State-wide effect of a State plan came from the knowledge that in States with laws for assistance to the blind in 1934, only two-thirds of the counties were participating. The reason for requiring a State contribution in the State plan was based on the knowledge that in States where the State responsibility for financing assistance payments was small, local resources proved inadequate. The result was State-wide equality of assistance and support more nearly adequate and certain.

A significant improvement in State practice was stimulated by the Social Security Act with respect to providing a fair hearing of any applicant whose claim to public assistance was denied. An appeals procedure assures just treatment of individuals and makes possible the exercise of control by a central agency over administration of the law.

Administration

Administration of the Social Security Act of 1935 was first the responsibility of the Social Security Board. The Board members devoted their major attention to the formulation of policies. Executive action was assigned to the executive director. One of the three operating bureaus, the Bureau of Public Assistance, was responsible for the administration of grants to States, including those for aid to the blind. This Bureau recommended to the Board the approval of State plans which satisfied the requirements of the Social Security Act, exercised continuous supervision of the operation of State plans, and recommended to the Board certification of grants.

On July 16, 1946 the Social Security Administration came into being to continue the work which had been the responsibility of the three-member Social Security Board, under a new Commissioner of Social Security. The Children's Bureau became a part of the Social Security Administration.

In 1953 the Federal Security Agency was abolished and its functions were transferred to the newly established Department of Health, Education, and Welfare, whose Secretary performed the functions of the former Administrator, acting through the Commissioner of the Social Security Administration.

In 1963 the welfare programs of the Department were brought together in a new Welfare Administration, separate from the Social Security Administration, which administered the insurance aspects of income maintenance. The Bureau of Family Services was made responsible for Federal functions in connection with Federal-State programs for assistance, such as aid to the blind and old age assistance.

In 1967 the Social and Rehabilitation Service was established to carry out the functions of the old Welfare Administration plus the Vocational Rehabilitation Administration, the Administration on Aging, and the Mental Retardation Division of Public Health Service. This new agency (SRS) joined under one leader, the Administrator, both income support programs for the needy and the social service and rehabilitation programs, promoting a unified approach to problems of need, with emphasis on the family and self-support. A Commissioner in each of the nine H.E.W. regions was to approve State plans and supervise activities of the Service.

Results 1936

On June 30, 1936, of 36 States and the District of Columbia which had approved plans for one or more types of public assistance 22 of these jurisdictions had plans for aid to the blind; by September 30, 1936, there were 24 approved plans for aid to the blind, and by December 15, 1936 the number of approved plans for aid to the blind had increased to 28.

The number of individuals who received a form of assistance was greatly increased as a result of the Social Security Act of 1935. This resulted from the extension of aid in States without assistance legislation and also from changes in existing laws made necessary by the requirements for approval set up by the Social Security Act.

Older public assistance legislation frequently had restrictive residence requirements to keep down the relief load and discourage emigration from neighboring States which had no provisions for the needy. The Social Security Act precludes approval of any plan which imposes a residence requirement which excludes any resident of a State who has lived there 5 of the last 9 years including the year immediately preceding application for aid or which imposes a citizenship requirement which excludes any citizen of the United States.

Up to December 1936 the States showed less interest in participation in the Federal program for aid to the blind than for aid to the aged. Of the 29 States which administered aid to the blind in 1935, 16 were operating under plans approved by the Social Security Board by October 1936. In addition, 6 States and the District of Columbia which had no previous legislation for aid to the blind were in October 1936 operating under plans approved by the Social Security Board. The total of 23 jurisdictions receiving funds under approved plans for aid to the blind was less than the 40 jurisdictions receiving funds under the Federal program for old-age assistance at that time.

However, the 23 jurisdictions receiving Federal funds for aid to the blind in October 1936 for 27,999 individuals had made payments to 20,138 in 1935, an increase of 7,861 or 39 percent. The increase in the first year of Social Security indicates new liberality on the part of States and new opportunity offered individuals with the passage of Federal aid legislation.

The obvious achievement of extending assistance to thousands of persons is less impressive when the amount of assistance received by individuals is seen to be inadequate for support by any standard. In some cases the inadequate grants concomitant of limited resources of the States were in addition to case payments, and special care was made available to recipients.

1937

By June 30, 1937 plans approved by the Social Security Board rose to 33, and by October 31 increased to 37.

In June 1937 the number of recipients of aid to the blind was more than double that reported for the same month of 1936. In June 1936, there were 17,570 recipients of aid to the blind and in June 1937, 35,974. In the same 12 months the average monthly payment rose from $18.72 to $20.04. The Federal disbursements as grants to States for aid to the blind rose from $1.3 million to $4.6 million. Payments to recipients of aid to the blind under the Social Security Act rose from $1.8 million to $9.0 million. The figures for 1937 constitute a base for full year operations under the Act but not for all States in the Union.

During the 1930's emergencies of the great depression hampered development of a sound public-assistance program, but the decline in emergency relief was accompanied by the building of the long-range services. States with no previous experience in administration of State-wide public-assistance and States which had to change their legislation faced problems of organization and methods of processing applications, making payments, and providing services. Many States requested special assistance from the Social Security Board in relation to their programs of aid to the blind. With the advice of medical groups and individuals of long experience in work with the blind, the Board developed and recommended to the States a definition of blindness and a form of recording the cause of blindness, the diagnosis, prognosis, and recommendations as to medical or surgical treatment as indicated by examinations of applicants by ophthalmologists or other physicians skilled in diseases of the eye.

In about a third of the State plans for public assistance approved by the Board by June 30, 1937, the central agency of the State was responsible for actual administration of assistance through its own branch offices. The remainder provided for State supervision, with administration by the counties or other local subdivisions. Under the State-administered system funds usually were provided by the State without local financial participation. Of the 33 plans for aid to the blind, 14 were financed without local participation.

Already in 1937 the limited resources of State and local revenues resulted in failure to provide assistance to large numbers of presumably eligible persons. In some States the taxable wealth was too low to permit the State to carry its share of public-assistance costs on a basis consonant with the purpose of their own laws and of the Social Security Act.

Interstate relationships involved the residence requirements in State laws, and with one or two exceptions, all jurisdictions required the maximum period allowed under the Social Security Act in plans for aid to the blind. This made it impossible to leave a State where assistance was being received or eligibility established, even if an arrangement to live with relatives might result in a saving of public funds.

During the fiscal year 1937 and within the periods for which reports were made by the States, the persons accepted for aid to the blind numbered 9,397, of which 22 percent were under 46 years of age and 78 percent were over 45. Only 14 percent were non-whites. Monthly payments granted to the applicants varied from $1 to $84; half the payments were $22 or less and three quarters were $31 or less.

The withdrawal of the Federal government from direct relief left many persons unable to obtain work and not eligible for public assistance under the Social Security Act and facing great need, while State provisions were inadequate. Even recipients of Federally aided public assistance were greatly in need of supplementary aid. Sometimes one member of a family would be eligible for aid to the blind but not the other members. Even where the agency responsible would make allowance for the amount of household expenditures for all family members, such as rent, fuel, and light in the grant of the person eligible, the absence of general assistance resulted in hardship, especially in States with a fixed maximum on grants. In some States recipients of aid to the blind were prohibited from receiving other types of public aid.

1938

In June 1938 there were 38,912 recipients of aid to the blind compared with 35,042 in June 1937, an increase of 11 percent. Federal funds were administered under approved plans for aid to the blind in June 1938 in 38 States and Hawaii. Of 62,000 recipients of aid to the blind in the nation in June 1938 about 62 percent of all were being assisted under State plans for which Federal funds had been granted. The remaining 38 percent of all blind recipients of aid included those in States which had not made approved plans and Connecticut, which had not requested any Federal funds, and Pennsylvania, which had obtained approval for a plan but had allowed its State statute to expire.

In the fiscal year 1937-38 the Federal Government granted the States a total of $5.2 million toward the operation of approved plans for the blind, including an amount equal to 5 percent of grants for payments to recipients added to the advance for assistance payments, an amount which may be used for administration or payments to recipients. The payments to recipients for the fiscal year 1938 were $11.4 million, an increase of 27 percent over 1937. For the 28 jurisdictions using Federal funds in June of both 1937 and 1938 the increase for the month in 1938 over 1937 was 34 percent, while the number of recipients had increased 20 percent.

The recipient rate averaged 43 per 100,000 of population and varied from 10 in Montana to 146 in Maine. The variation was due in part to variations in State policy in giving assistance to the blind and the aged.

The lowest average payment per recipient in June 1938 was $9.13 in Arkansas, the highest $47.86 in California. The average for all jurisdictions was $23.33, but this should not be compared with the overall average for 1937 because Pennsylvania had dropped out and its payments had constituted one-third of the total for that month.

The annual report of the Social Security Board reflects the slow development of efficient operations in the States for lack of properly trained personnel or the money to attract them. The report also reflected the need for unity of State and local staffs for public assistance programs to avoid duplication of effort. Of the 44 jurisdictions with more than one public assistance plan approved by the Board at the close of fiscal year 1938, 31 jurisdictions designated one central agency to be responsible for administration or supervision of 3 programs and 11 jurisdictions designated a central agency to be responsible for 2 programs. In about one-third of the approved public assistance plans in operation at the end of fiscal year 1938, the central agency was responsible for local administration through its own branch offices. The requirement in some states that local units obtain approval of the State official before each case could be certified for assistance was changed so that more of the States were decentralized as to responsibility for determining eligibility and the amount of the assistance payment. The drive was toward a staff unified, well-trained, and strengthened at the local level. According to the same report some States concentrated efforts upon developing old-age assistance while giving little attention to the needy young and the blind. At the close of fiscal year 1938, 50 jurisdictions have availed themselves of Federal funds for aid to the needy aged but only 39 for aid to the blind.

The success of the Social Security Act in stimulating States to make more provision for persons in need is shown in part by the rise in the amount of State funds for the special groups of needy persons covered by the Federally aided programs for the aged, the young, and the blind. Payments to recipients in 45 States, D. C., and Alaska in August 1935 were $9.8 million; in June 1938 payments recorded in the same jurisdictions were $18 million. Meanwhile the increase in Federal funds granted to the States for public assistance from fiscal 1937 to fiscal 1938 was from $146.1 million to $209.4 million, an increase of 43 percent.

A tendency seemed to exist to use State rather than local funds for the State share of assistance payments: in June 1937, 47 of 115 approved plans (41 percent) showed no participation by local government, and in June 1938, 60 of 130 (46 percent) had no local financial participation.

In 1938 there was increasing recognition of the importance of medical care to prevent dependency arising from preventable or curable illness and premature death and the inadequacy of resources for medical care of the needy. Amounts of aid to the blind and other needy persons rarely included allowance for medical services. General assistance or relief was used, or the care of charitable physicians.

States administering Federal funds for aid to the blind had acquired the services of supervising ophthalmologists in connection with their program, and a conference of these experts was held with the 1937 annual meeting of the American Academy of Ophthalmology and Otolaryngology.

1939

In June 1939 the Federal-State program for aid to the blind was in effect in 42 of the 51 jurisdictions entitled to participate under the Social Security Act. In 40 States, the District of Columbia, and Hawaii, needy blind persons received $11.9 million during the fiscal year, toward which the Federal government contributed about half. In June 1939 the States made payments to 44,457 blind persons, 11 percent more than in June 1938.

Wide variations among the States in the average monthly payments of assistance provided for needy persons and in the relative numbers of persons to whom aid was given arose in large measure from the lack of ability of States to provide amounts for matching by the Federal government. The Board declared its belief that the current system of uniform percent grants should be modified so the percents could be varied with the relative economic capacity of the State. The Board believed that a program financed by the Federal government should not result in wide differences in the treatment accorded in different parts of the country to persons in substantially similar circumstances. In some areas, especially in States with low average payments, there were long waiting lists of applicants. This applied to blind applicants.

Of the $243.8 million of Federal funds devoted to public assistance grants to the States, only $5.2 million or 2 percent, were grants for aid to the blind, compared with 85 percent for old-age assistance and 13 percent for aid to dependent children.

The number of blind recipients of aid in all States of the Union in June 1939 had doubled since the month when the Social Security Act was approved. About 65 percent of all persons receiving aid to the blind were being aided in States administering Federal funds. Only 5 States provided aid to the blind without Federal participation. These 23,600 blind persons received payments of $663,000 in the month, for an average payment of $28 compared with $23 per recipient in the States administering Federal funds. The program was not in operation in Pennsylvania the last half of the fiscal year.

Reports from the States with approved plans for aid to the blind in the year ended June 1938 indicated the characteristics of the 21,000 blind persons accepted, and suggested a close relation between increasing age and blindness: a third of those accepted were aged 65 or more, despite the fact that blind persons of age 65 or more were frequently cared for by means of old-age assistance, and 41 percent were aged 45 to 64 years.

Of 7,000 cases of aid to the blind closed during the fiscal year 1938, 41 percent were closed because of the death of the recipient, 10 percent because the recipient became self-supporting, 9 percent because relatives assumed responsibility for support, and 5 percent because vision was restored, the remaining 35 percent because the person was not eligible.

In 1939 the grants to States were increased to half of payments up to $40 to any person, plus half the costs of administration instead of 5 percent of the grant to be used for administration or payments of aid to the blind. Effective July 1, 1941, an approved State plan had to provide safeguards restricting the use or disclosure of information concerning applicants and recipients to purposes directly concerned with the administration of public assistance and must consider income and resources in determining need and eligibility. Also beginning with 1940, all States which were to receive Federal grants had to have provisions for the establishment of personnel standards on a merit basis.

The medical needs of the blind were probably met more nearly adequately than those of other needy groups.

In the 42 jurisdictions with approved plans for aid to the blind, applications for assistance pending on June 30, 1939 averaged 12.5 per 100 recipients, with a range from 0.5 per 100 in Massachusetts to 110 per 100 in Georgia. This means that one-eighth as many again of blind persons might be eligible for Federal-aided payments but were excluded, in some cases because of inadequate funds or faulty standards.

Reports from many States show wide variations in the amount of assistance and services afforded in the local community, arising largely from the inability of local government to carry the share of public assistance costs for which they are responsible under some State plans. Three States provided for State financing of the non-Federal share of the costs of all three special types of public assistance, which was previously carried by local government. Also Maryland law reduced the county share of costs for aid to the blind and increased the State share.

1940

In 1940 the Federal government participated in programs for aid to the blind which accounted for 61 percent of all expenditures for aid to the blind in the year. The Federal-aided program for aid to the blind was in operation throughout the year in 43 jurisdictions of the 51 eligible to participate under the Social Security Act, including the District of Columbia and Hawaii. In 43 States, including one State more than in 1939, about 55,000 different needy blind persons received $12.9 million, of which somewhat less than half (45 percent) was Federal money. In June 1940 there were 47,600 recipients, an increase of 6.8 percent in one year, and 5,800 applications pending. For aid to the blind the increase in the Federal grants was 19 percent, partly due to the increase in the Federal participation in the program under the 1939 amendments to the Social Security Act, including grants for administration.

An amendment in 1939 required that as of January 1, 1940 any State plan to be approved must provide for the establishment of personnel standards on a merit basis. Other amendments, effective July 1, 1941, prohibited the use or disclosure of information concerning applicants or recipients for purposes other than administration of the Social Security Act and required the consideration of income and other resources in determining the applicant's need for assistance.

At the beginning of the fiscal year 1940 less than half the jurisdictions had merit systems in operation for public assistance personnel, and even in those States there were questions as to the merit system standards which could be accepted by the Board under the amended provisions of the Social Security Act. Since the Federal requirement of merit standards was effective January 1, 1940, less than half a year remained after the enactment of the amendments for the development and acceptance of plans which would enable the Board to continue Federal grants to the States without a break in continuity. Despite many difficult problems of law, administration, and financing which confronted the States, all jurisdictions were able to make the necessary commitments to merit standards within the required time limit.

No reliable figures were available concerning the number of blind persons in the general population. The rate for recipients, computed on the basis of the estimated total population of the participating States, in June 1940 was 48 per 1,000 in the 43 jurisdictions where Federally-aided programs of aid to the blind were operated. Aid to the blind was 1.9 percent of the total State expenditures for the Federally-aided assistance programs and 3.3 percent of local expenditures for these programs.

Schedules, instructions, and tabulation plans were completed for the study of the causes of blindness of recipients of aid to the blind. Data would be collected only from States which were interested in participating in the project on a voluntary basis and which had adequate records of eye examinations. Plans were completed for the revision and simplification of the reports on social characteristics of recipients of aid to the blind. States made annual reports of certain basic information, such as reasons for closing cases, and semi-annual reports on payments to recipients.

1941

A resurgence of economic activity in fiscal year 1941 occurred with an upswing of employment in the autumn of 1940. The assistance program as a whole had completed its initial period of rapid development under the Social Security Act of 1935 and the program was expanding at a decreased rate. But the increase in opportunities for employment had limited effect upon the economic status of blind persons.

Payments to recipients of assistance to the blind in Federally-aided programs were $13.7 million in the year, of which $6.5 million was Federal funds. The number of recipients increased over June 1940 by 2,000, about 4 percent, to 50,000 in June 1941. Grants to States for payments to recipients and administration were $7.1 million for aid to the blind. About 24,300 blind persons received assistance in June 1941 in States which had no approved plan. The Social Security Board and the States were able to lay increasing emphasis on improvement of administration and practices. This emphasis was the greater for the amendments of 1939 requiring a merit system of employment. With the general improvement in employment resulting in curtailment of general relief expenditures, assistance to the needy blind, aged, and young became an increasing percent of the total for public assistance.

The variation in payments from State to State to persons with similar needs and conditions was a concern of the Board, not only a matter of humanitarian concern but also a matter of good government, since the Federal government seemed to sponsor programs that differed in treatment of recipients and produced inequities in a Federal program. The inequities could be reduced by Federal grants made larger as the resources of the State were smaller.

Variation in payments to recipients in similar circumstances were an incidental result of 1939 amendments providing greater Federal participation, because some States took advantage of the opportunity to obtain more Federal funds by making available more State funds for matching, while other States did not, some because of statutory limits which could not be changed until a meeting of the legislature.

The Texas plan for aid to the blind was approved by the Board in September 1941 and became effective immediately. In a study of aid to the blind completed in 1941 and distributed for restricted use in 1943, concerning all cases in five States, it appeared 25 percent were 65 years of age or more, 70 percent were 45 or more, and only 30 percent were between 21 and 44. The distribution is different in the general population because some blind persons receive old-age assistance rather than aid to the blind and many blind children are in schools for the blind and there are age limits on eligibility for aid to the blind, maximum and minimum. A large proportion of recipients in the Federally-aided program had been blind a long time, losing their vision in their early years. Indications in 3 of the 5 States were that one-fourth had a serious visual impairment by age 20 and half the remaining persons by age 50, for a total of 60 percent by age 50. More than 30 percent of the cases with known dates of becoming blind or seriously impaired in vision had become so 20 years or more before their application for aid to the blind, and another 20 percent had become so 10 to 19 years prior to application, another 23 percent 5 to 9 years before and only about 26 percent less than 5 years before application for aid. Another source suggested that only 15 to 25 percent could be considered employable after considering age, sex, health, emotional and domestic status.

The 1943 report found blindness to be determined by the supervising eye doctor (ophthalmologist) on the basis of a medical statement after an eye examination by a physician designated by the State agency as qualified. Eligibility depends on a mathematical measurement, whether an applicant has corrected vision of 20/200 or less in the better eye, though a person with slightly better vision may be incapable of earning a living at his usual occupation and yet be considered ineligible. Occasionally treatment or glasses rendered a recipient no longer eligible.

Age limitations had the effect of moving young people into a school for the blind and old people into aid for the aged, which was sometimes larger and which sometimes saved the expense of the eye examination.

In determination of need the basis was "budgetary" in most localities, and it was thus favorable to the blind as against the aged, for whom the basis was a bit more likely to be "flat-grant-minus-income." A higher money value may have been placed on the cost of requirements for a blind person. In many localities a more liberal standard was in effect for aid to the blind programs than for aid to dependent children and for aid to the blind than in general assistance. When a family received more than one kind of assistance the impression of the agencies was that other persons in the family benefit at the expense of the aid to the blind recipient because of the differences in standard of assistance. Individuals eligible for both aid to the blind and aid to the aged would sometimes prefer aid to the blind because of its more liberal policies regarding citizenship, exemption of earnings, and liens and recoveries.

The 1941 report tells of cases indicative of reasons for denial of assistance: 14 of 45 applications were denied, 8 because relatives were adjudged by the agency to be able to support the applicant, the husband, wife, or children, 3 were employed and considered self-supporting, 1 owned property of value which disqualified him, 1 had insurance of cash value great enough to disqualify him, and 1 was judged by the agency to have divested himself of property in order to receive aid to the blind.

Real property in the majority of local units was not limited, but in the others it was limited to the homestead, and other salable property was required to be used as a resource. Although no lien was required on property, some agencies grant assistance which becomes a preferred claim against the estate of the recipient.

On income, about half the local agencies restricted the amount plus assistance to their estimate of requirements. But in places a limit was set or possession of cash disqualified the applicant. Also insurance values were restricted for eligible persons. Relatives were considered legally responsible, usually to one generation forward or backward, but sometimes even two generations either way.

When the applicant was part of a family household, agencies generally made an assistance plan for the blind and a plan for the family. Expenses were prorated among the adults. If other adults were not self-supporting, then as much as possible of the common expenses were included in the assistance plan for the blind member of the family, although in one State the agencies based the blind payment on the lowest deficit possible, the lower deficit of the two.

In nearly all instances, agencies considered the need for food, shelter, and clothing of applicants, sometimes as board and room, and when not shown items must have been supplied outside the plan. Not so generally, other items appeared in the plans, health supplies, recreation, laundry, taxes, or reader's fees. Half the agencies reported no provision was made for guide service; most agencies considered this as something for relatives and friends to provide, but many could consider it, possibly include it in carfare or incidentals.

Costs of required items were determined largely by State standards. Clothing costs thereby varied according to sex, age, and activity of recipient. There was some belief that the blind wear out clothing more quickly than the aged and the standards for the blind were higher. The food cost varied with the sex, age, activity of recipient, and the size of family he lived with, with special provision for restaurant eaters and diets recommended by physician. Cost of shelter was based on actual expenditures for rent, prorated where a family was involved. Clothing and food cost estimates of the recipient were the basis of allowance within the limits of the State standard, and shelter costs were the basis, within a maximum reasonable amount as fixed by the agency worker, as were estimates for fuel and utilities. Half the agencies relied on resources available to all of the community for health needs, including a flat amount for home remedies or making no provision beyond the items for incidentals or miscellaneous.

Some local agencies included cost of physician's care in the assistance plan, although State agency's approval was needed for half the agencies; provision was for some agencies routine if the case was chronic. When recipients went to hospitals, procedures of agencies varied, some continuing regular payments 3 months, others 1 month, with variations for family expenses and for private institutions.

Payments were fixed by the amount of the deficit according to agency standards except where the State maximum set a limit. One State with insufficient funds, to treat all persons alike made all payments 50 percent of the deficit. Of the 44 States in 1941 with plans approved by the Social Security Board, 33 had a maximum or limitation of the aid to blind payment. Of 5 States in the 1941 report 2 had a maximum of $40 and 3 had a maximum of $30. Provision for needs in excess of the maximum had to be met outside the agency or not at all.

Data obtained in the 1941 study did not warrant a conclusive statement on the extent to which needs were met or unmet. Data showed, however, that the total resources, assistance and other income, were sometimes not enough to meet the individual needs recognized by the agency.

The report referred to eye-care services which sometimes restored sight or prevented blindness, such as operations for glaucoma.

1942

In fiscal year 1942 the number of States with plans approved by the Social Security Board was 44 and by June the recipients of aid to the blind under the Social Security Act numbered 54,000 and the number of persons receiving aid to the blind in other States was about 25,000. There was still no firm figure for the total number of blind persons in the United States. A good estimate was difficult, especially for the lack of precise, uniformly applied definition of blindness and the lack of power to find and medically examine all possibly blind persons. No effort was made in the 1940 census to count blind persons. An authoritative estimate was 230,000, but the range of possibility was 200,000 to 250,000 persons blind corresponding to the definition of blindness suggested by the Social Security Board.

Efforts to maintain a register of the blind were not completely successful because of the difficulty with definition of blindness and finding the blind people.

Blindness seemed to be associated with age, and half the blind were past 60.

With 79,000 persons receiving aid to the blind in States with and without plans approved by the Social Security Board and an estimated blind population of 200,000 to 250,000, it seems probable that from one-fourth to one-third of all blind persons were receiving financial assistance.

In December 1941 the attack on Pearl Harbor and the rush of America into activities of war brought efforts to use all employable persons, and the general well-being in the States slowed the uptrend in expenditures for aid to the blind along with other assistance programs. Increase in the total number of recipients from June 1941 to June 1942 was 4,451 of which 3,135 or 69 percent was due to the addition of Texas to the States with approved plans. The increase in payments total of $1.5 million or 10 percent overall was 38 percent attributable to Texas. Increases in State revenues doubtless made it possible to make more nearly adequate provision for persons in need than had been possible previously and to increase the number of recipients or to increase both average payment and recipients. There was a transfer of eligible persons from general relief to assistance which may have affected some blind persons in this or later years. Increases in average payments tended to be less than the rise in cost of food and other items in the recipient's budget. To some extent there may have been an increase in other resources, such as earnings or help from relatives.

There was a striking decline of 25 percent in the total expenditures for assistance and Federal work program in the fiscal year 1941, and a corresponding increase in the proportion of the total expenditures made up of funds for the special public assistance programs, from 32 percent in June 1941 to 48 percent in June 1942. Even so the effect of the war was to curtail greatly expenditures for assistance except among the groups who were able to share little in the rising labor market. Directly or indirectly through earnings of relatives, the blind might be aided by the rise of employment, but very little.

The payments for aid to the blind Federally-aided in fiscal 1942 were $14.9 million, 8.4 percent greater than in 1941. Recipients increased in the year to June 1942 by 9.2 percent, mostly due to the addition of the Texas recipients; but there were decreases in number of recipients in 17 States ranging from 0.5 percent in Indiana to 38.4 percent in North Dakota. The greater opportunity for blind persons to obtain training and jobs probably accounts partly for the declines in some States and in other States for a smaller rate of increase. Larger assistance from relatives may have been another factor to explain declines in recipients.

The average payment in June 1942 was $24.37 or 3 percent more than in June 1941.

The sum expended in fiscal 1942 from Federal and State sources under approved Federal-State plans for aid to the blind, including cost of administering the program, was $16,534,000, of which 47.3 percent was Federal funds and which (total) was 2.1 percent of the sum expended for all three types of public assistance. The Federal government paid 48.3 percent of administrative costs for aid to the blind, and 47.7 percent of the assistance payments to recipients.

Because pressures for efforts to relieve the plight of the aged had tended to preempt State funds for the aged program, matching Federal grants were larger for old-age assistance than for the aid to the blind and to dependent children. Also variations in State resources and allocations to be matched by the Federal government resulted in certification of a large percent of Federal funds to the most highly industrialized States, most of which had high per capita income. But three of the four largest programs for aid to the blind were in States without Federal participation, Illinois, Missouri, and Pennsylvania, which helps to account for the small proportion of funds used for this program (2.1 percent, $7.9 million).

1943

In fiscal year 1943 the assistance programs under the Social Security Act gave evidence that Americans, including many not ordinarily in the labor force, will use opportunities to support themselves and their families through their own earnings. There was a steady decline in the number of recipients of old-age assistance and, over the year, a slight decrease even in the number of recipients of aid to the blind.

By June 1943 expenditures for public aid and the number of recipients were at the lowest level in a decade. Two-thirds of the recipients were on the rolls of State special assistance programs for the blind, the old, or the young, providing nine-tenths of the money, most of the programs being Federally supported. General assistance or relief financed by non-Federal funds accounted for the rest.

At the end of the fiscal year 45 of the 51 jurisdictions eligible were administering approved plans for aid to the blind, while 4 additional jurisdictions had similar programs administered under State laws without Federal financial participation: Illinois, Missouri, Nevada, Pennsylvania. No specific programs for the blind were in operation in Alaska and Delaware.

State differences in the availability and amounts of assistance existed in the States with approved plans. State differences in per capita expenditures for aid to the blind were also great. A forceful reason for such differences is the difference in State per capita income. Though wartime activity improved income levels in all States, the relative differences continued to be great. In 1942, income payments to individuals were $852 per capita of the population of the continental United States. In 12 States per capita income was over $1,000; in 12 States per capita income was below $600. The range was from $407 to $1,352 per capita, so that a difference of more than 3 to 1 occurred in 1942. Tax collections, State and local, in 1941 were in toto $69 per capita of the national population and the range for the States was from $26 to $117 per capita.

Some idea of the favorable position of aid to the blind shows in the comparison of the amount of Federal funds for aid to the blind at 92 cents per dollar of State funds. States may pay more than what is required for matching Federal funds, but the limitation on the Federal matching funds is usually a governing or limiting factor.

Under the Federal assistance program a serious lack existed from the fact that matching Federal funds might not be used to meet medical care except as the costs could be included in the monthly payment. About one-fourth of the persons receiving aid to the blind in 20 States for which information was available could profit by medical treatment to improve or conserve vision.

In 1942-43 the number of recipients of aid to the blind remained nearly stationary at 79,000 for 7 months and stood at 78,000 for all but one of the remaining months of the year, with a decline of 1 percent over the year. Aid to the blind with a national rate of 60 persons per 100,000 of the general population ranged among collaborating States from 138 to 11 per 100,000.

In June 1943 aid to the blind represented less than 3 percent of all public aid in the continental United States compared with 70 percent for old-age assistance, while Federal work program earnings had dropped below 1 percent. Expenditures for aid to the blind in the U. S. and Territories were 24.9 million dollars, of which the Federal share was 30 percent. Total costs for aid to the blind were up 5 percent over fiscal 1942.

From June 1942 to June 1943 the average payments under the Federally-aided programs increased to $25.99 per recipient of aid to the blind, 7 percent more than in June 1942.

By June 30, 1943 only 13 States had approved plans for aid to the blind with residence requirements less than the maximum allowable under the Social Security Act. And 23 States had age requirements for aid to the blind which denied coverage to persons below or above a specific age. Six States denied assistance to blind persons living in private institutions. Nine States required citizenship as a condition for aid to the blind.

In June 1943 the recipients of aid to the blind under the Social Security Act still numbered about 54,000 as in June 1942. Total expenditures for programs under the Act, including those for administration, were 18 million dollars, of which 48 percent was Federal Funds.

1944

In June 1944 in States administering public assistance under the Social Security Act, average payments for each of the three special types of assistance were about four times as much in the highest State as in the State where the average was lowest. Low averages occur generally in States where per capita income and fiscal resources are low. Some needy persons eligible under State law might get no aid whatever because funds were lacking. In the year 1943-44 States met 52 percent of total assistance costs for old-age assistance and aid to the blind, separately.

Even in 1943-44 when State resources were at record levels, there were States in which recipients under one or more of the assistance programs received only half the amounts determined by the State agency to be necessary for their subsistence.

The impending end of warfare made more urgent the end of residence requirements, because large numbers of people might become needy and move from one State to another.

In fiscal 1944 total assistance payments under the aid to the blind programs of all States increased 1.4 percent, while general assistance and unemployment compensation decreased 32 and 65 percent respectively. All but 5 of 51 jurisdictions eligible under the Social Security Act had approved plans for aid to the blind: Alaska, Delaware, Missouri, Nevada, Pennsylvania. The last 3 administered aid to the blind under State laws.

In June 1944 nearly 74,000 blind persons were receiving assistance payments; Federal funds met 35 percent of the total cost. Under approved plans there were 56,866 recipients.

Throughout the fiscal years 1943 and 1944 there was nationwide a nearly continuous though relatively slight decline in the recipient rolls for aid to the blind. Blind persons found it unnecessary to ask for aid and left the rolls or stayed off the rolls because they or relatives had wartime earnings. The number of recipients of aid to the blind in the nation had declined, about 7 percent from the high point in September 1942 to June 1944. From June 1943 to June 1944 the number of recipients of aid to the blind declined nearly 5 percent. For the 46 States with plans approved by the Social Security Board, the total increased nearly 8 percent largely because of the inclusion of the Illinois plan approved in October 1943. Only 78 percent of the recipients of aid to the blind were in States receiving Federal funds for the aid, because two large State programs were administered without Federal aid. In June 1944 the number of recipients were 58 per 100,000 of the general population in the continental United States. The rate per 100,000 in States ranged from 9 in Connecticut to 140 in Pennsylvania, which did not have Federal aid.

Total payments for aid to the blind in fiscal 1944 were 25.2 million, 1 percent up from 1943. Average payments per recipient rose from $27.07 to $28.77; in June 1944 State averages ranged from $47.44 in California to $11.64 in Mississippi.

Federal grants to States under the Social Security Act met 47.5 percent of total expenditures for assistance and administration of aid to the blind. Federal grants were 9.7 million dollars.

1945

Japan's surrender on the tenth anniversary of the passage of the Social Security Act and the approaching end to hostilities led to reference in the Annual Report of the Board concerning assistance payments and their effect on increasing purchasing power, contributing to a minimum level of demand for the output of farms, factories, and mines. This effect on consumer demand was more important because the payments would be made to people whose earnings may be cut so that they might otherwise not obtain food, clothing, and other necessities, an effect quickly reflected in the market place of the Nation.

Federal-State programs for aid to the blind were in operation in all but 5 of the 51 jurisdictions eligible. The Board recommended a comprehensive program of public assistance, Federally-aided, under which funds would be available to any needy person irrespective of reason for need or place of residence. This would remove disparities in the treatment of classes of needy persons and disparities in the treatment of persons in like circumstances but in different sections of the country, and remove inequities in the burdens of States in financing assistance. The recommendation included deletion or increase of Federal matching maximum for individual payments for aid to the blind, as well as other assistance payments.

The end of the war reversed some factors that had reduced assistance rolls. Marginal workers had difficulty in retaining employment. Others would have lower earnings. The easing of the labor market during fiscal 1945 brought a levelling off of declines in the assistance rolls.

In June 1945 the average assistance payment in aid to the blind ranged from $12.96 to $54.12. The range in payments among States was far too great to be explained by difference in cost of living, and was indeed a matter of difference in resources and practices in the States. Since the Federal contribution in effect doubled the State funds available, the differences in resources were magnified by the Federal aid system. In fiscal 1945 the 12 States with the lowest average income had 21 percent of the country's population but received only 15 percent of the total amount granted by the Federal government for public assistance. These figures were affected by funds for aid to children and may have reflected different proportions of children in the mix, but the inequitable result was the more clear. This principle had its effect on aid to the blind. The Board felt that States with per capita income below the national average should receive more than a dollar in Federal funds for each dollar they provided.

The bill for public aid which was $275 million a month in fiscal 1939 was only $80 million a month in 1945. In the full year 951 million dollars was paid to recipients, of which the Federal part was 41 percent. Only 3 percent of the total expenditures was for aid to the blind.

Only 2 States, Alaska and Delaware, remained without programs for the blind in the fiscal year; 3 States with programs did not receive Federal funds under the Social Security Act.

In States operating programs of aid to the blind under the Social Security Act, more than 55,000 blind persons received aid in June 1945. The number was slightly smaller than a year before (55,465 against 57,900), as blind persons during the war shared in opportunities for self-support or support by relatives. In June 1945 there were 12 States in which less than a fifth of the estimated blind population received aid to the blind. Some may have received other forms of aid, such as old age assistance. The average payment under approved plans was now $30.27, more than for old age assistance.

In 1944-45 the Social Security Board certified 410 million dollars in grants for public assistance programs, 3 percent for aid to the blind compared with 84 percent for old age assistance and the balance for dependent children, including amounts for administration. The 10 States at the top rated by per capita income payments in 1944, which had 36 percent of the nation's population, received 40 percent of the total Federal funds granted for public assistance from 1936 through 1944. The 10 States with the lowest per capita income, which had 18 percent of the population, received only 8 percent of the Federal funds during those years. Total Federal grants in fiscal 1945 for aid to the blind were 10.4 million dollars; State expenditures for assistance and administration were 21.7 million dollars so that the Federal share was 47.4 percent.

1946

In fiscal 1946 the Board in its last year continued to urge that special Federal aid be given to low-income States for public assistance programs, along with increasing or completely lifting the maximum of Federal matching for individual payments, and extension of Federal aid to include medical services to persons receiving public assistance.

All but 4 of the 51 jurisdictions received Federal funds for aid to the blind under approved plans, Alaska, Missouri, Nevada, Pennsylvania the exceptions. Delaware made its first payments of aid to the blind.

During January-March 1946 applications for aid to the blind accelerated, reflecting the decline of employment with the end of the war. In June 1946, however, the number of recipients of aid to the blind was still below previous peaks by 6 percent. In 10 States recipients were at the highest levels on record.

Average monthly payments to recipients of public assistance in many States were increased to enable recipients to meet rising living costs, but statutory maximums were in effect and upturns in case loads made it impossible to maintain increases in individual payments and at the same time grant assistance to new applicants. Fiscally strong States where payments were already highest could increase payments more than States where payments were lowest, making greater the range from high to low average payment.

In June 1946 the number of recipients of aid to the blind in States operating programs under the Social Security Act was 57,600, or about 1 in 3 of the estimated blind population in these States. The average monthly payment was $32.89. The average was $40 or more in 10 States. In 12 States the average payment in June 1946 was below $25.

1947

Instead of the Social Security Board, in July 1946 the Social Security Administration, under the Commissioner for Social Security, became responsible for the programs of special assistance established under the Social Security Act.

As peace brought an upward trend in the number of needy blind and others and a rise in living costs, Congress in July 1946 enacted legislation amending the Act to provide, for 15 months, increased Federal financial participation in assistance. The maximum individual monthly payment was raised from $40 to $45; the Federal share was raised from half of expenditures to two-thirds of the first $15 of the average payment per recipient plus one-half the remainder within the maximum. The amendment made it possible for a State spending as much as before per recipient to increase average monthly payments to the blind by $5. At a conference of State public assistance administrators it was pointed out that the increase in federal funds gave the States opportunity to correct inequities in the operation of their plans that resulted from insufficient funds.

The increase in the number of recipients in aid to the blind was 7 percent for the fiscal year 1947.

Payments of aid to the blind under Federal-State programs averaged $4.23 more in June 1947 than in September 1946. State expenditures for aid to the blind remained substantially unchanged.

In the 47 States operating programs for the needy blind under the Social Security Act, 62,100 persons were receiving aid to the blind in June 1947. For all States the number of recipients of aid to the blind was about 79,000, including 17,000 in Missouri, Nevada, and Pennsylvania.

1948

During the fiscal year 1948 the programs under the Social Security Act operated in a setting of full employment, record peacetime production, and rising prices. Prices were at a record high, increasing faster than wages or industrial production.

In June 1948 public assistance payments were made to 2.4 million needy aged persons and 65,800 needy blind persons in the 47 States administering aid to the blind under the Social Security Act, as well as families with dependent children.

In the annual report for 1948 the Social Security Administration recommended a program of public assistance making payments and services available to any needy person regardless of the reason for need, with the idea of removing differences in treatment with respect to classes of persons or parts of the country.

The rising cost of living was recognized by action in Congress to raise the maximum for aid to the blind, and for old-age assistance, from $45 to $50 per month.

Grants for aid to the blind were made to 47 jurisdictions. Missouri, Nevada, and Pennsylvania administered blind pension plans outside the Social Security Act; Alaska had no program for the needy blind.

Caseloads increased due to adjustments from war to peace with termination of employment or help from relatives, whose earnings were relatively smaller, and with the decline in purchasing power of savings or personal income. In addition to the 65,800 recipients of aid to the blind under the Social Security Act, there were 17,500 receiving aid paid entirely from State funds.

1949

In the 1949 Annual Report of the Social Security Administration recommendations were made for specific requirement that a State, as a condition of plan approval, shall apportion Federal and State funds among localities in accordance with their need for funds, and shall not deny aid to the blind because of age.

Congress, effective October 1, 1948, increased the maximum in aid to the blind from $45 to $50 a month per person and increased the Federal share of assistance payments from two-thirds of the first $15 of the average payment per recipient to three-fourths of the first $20 of the payment, plus other amounts. Grants were made for aid to the blind to 45 States, Hawaii, and the District of Columbia, the same jurisdictions as in 1948.

From June 1946 to June 1948 the cost of living as indicated by the Consumers Price Index rose 29 percent. For States that continued to spend as much per recipient from State funds as before the 1948 amendments went into effect in October, the additional Federal funds enabled them to raise average payments $5 per recipient of aid to the blind. For the country as a whole the average monthly payment for aid to the blind was $5 higher in June 1949 than in June 1948, $46.50 against $41.18. In 4 States payments were smaller.

In June 1949 Federal-State aid to the blind went to 71,200 persons and aid entirely from State funds went to another 18,000 blind persons.

1950

In June 1950 more than 77,000 blind persons were receiving aid to the blind under Federal-State programs. In addition about 18,000 persons were receiving aid to the blind in Missouri, Nevada, and Pennsylvania under programs operated without Federal aid. These blind persons, 95,000 in total, probably were between 33 and 40 percent of all blind persons in the Nation. A few more blind persons over 64 received old-age assistance. Since blindness is associated with aging, the increase in the number of older persons bid fair to increase the number of blind persons unless preventive medical care was increased. Federally-aided recipients received payments averaging $48 monthly, ranging within States from $23 to $83.

1951

The 1950 amendments to the Social Security Act included provision for Federal matching of payments made by State agencies to suppliers of medical care on behalf of public assistance recipients, effective October 1, 1950.

By June 1951, 8 States submitted new plans for operating under the 1950 amendments to permit payments to vendors of medical service and 18 pertaining to exemption of $50 earned monthly income in aid to the blind.

Pennsylvania submitted a plan under a provision effective to June 30, 1955 that permitted Federal approval of a State plan for aid to the blind even though it did not require consideration of the blind individual's income and resources in determining his need, if the plan met all other requirements for approval, though Federal funds would be available only for cases in which income and resources would have been considered. Missouri and Alaska passed laws enabling them to submit such plans.

In June 1951 about 94,200 persons were receiving aid to the blind at an average payment of about $47 per recipient, under plans approved by the Social Security Administration.

1952

In fiscal 1952, there was little change in the number of recipients of aid to the blind; for the country as a whole there was a net increase of 400 cases. The number of recipients of public assistance under plans approved by the Social Security Administration in June 1952 was 97,651, compared with 94,220 one year earlier. The increase of 3,431 may have been tempered by the increased employment opportunities accompanying the war in Korea. The number of recipients declined in old-age assistance and aid to dependent children.

Many States raised payments during the year to help meet the increase in the cost of living. In June 1952 average monthly payments were $50.13 per person in aid to the blind and $45.19 per person in old-age assistance, compared with $46.96 and $43.23, respectively, for the previous June.

Pennsylvania and Missouri had their plans for aid to the blind approved on a special basis, and Alaska's plan was approved, leaving Nevada as the only State which did not have a Federally-aided program for the blind.

1953

By June 1953 less than 20 percent of the aged were receiving assistance while 32 percent of the population 65 and over were drawing insurance benefits. To some extent the increasing importance of old-age and survivors insurance affected the blind by including some persons, but public assistance continued to provide a minimum level of living to needy persons not eligible for social insurance.

Effective October 1952, amendments of 1952 to the Social Security Act raised the maximum of individual payments in which the Federal government could participate and increased the Federal share within these maximums. Increases in monthly payments of $5 per recipient of aid to the blind were possible in States that continued to spend as much per recipient from State funds as they had spent in the preceding month.

After October 1, 1952, for aid to the blind Federal funds paid four-fifths of the first $25 (raised from three-fourths of the first $20) of the average monthly assistance payment, plus half the balance of all expenditures up to $55 a month for individual payments (raised from $50).

The number of recipients of aid to the blind increased by 1,000 during the year to 99,000 in June 1953. With the addition of Nevada, which began to receive Federal funds for its program during the year, all eligible jurisdictions were administering aid to the blind with Federal financial participation. The average monthly payment in June 1953 was $55.53 compared with $51.26 in June 1952.

1954

Somewhat lower levels of employment in some areas of the country may have been reflected in the number of persons receiving aid to the blind and general assistance in fiscal 1954. There was little change from the previous year in the average monthly payment for recipients of aid to the blind, which was in June 1953 – $55.53 and in June 1954 – $55.80. About 2,000 recipients were added during the year to the aid to the blind program, bringing the total to about 101,000 in June 1954.

Federal grants to States for aid to the blind in fiscal 1954 were $35,561,000; payments to recipients were $66,763,000, expenditures for assistance and administration were $72,162,000, of which 49.2 percent was from Federal funds.

1955

Aid to the blind went to 104,000 persons in June 1955, about 3,000 more than a year earlier. Only 16 States had fewer recipients than a year earlier, and 11 States had lower average payments at the end of the year than at the beginning. The national average monthly payment in June 1955 was $57.41, compared with $55.80 in the previous June. Total payments to recipients rose to $69.3 million.

Federal grants to States for aid to the blind were $36.5 million; expenditures for assistance and administration were $74.9 million, 49.1 percent from Federal funds.

1956

Aid to the blind went to 106,000 persons in June 1956, some 2,000 more than a year earlier.

The 1956 amendments to the Social Security Act encouraged the States to provide more medical care and social services to needy persons in the public assistance programs. The amendments provided an increase in Federal funds in each program.

The Federal share in State assistance payments for aid to the blind was increased to 4/5 of the first $30 (raised from $25) of a State's monthly payment plus half of the balance up to the new maximum of $60 (raised from $55). A new provision in each program was for separate Federal sharing in State medical care costs paid directly to suppliers of medical services, effective July 1, 1957. In aid to the blind a Federal share, on a 50-50 basis, of a State's expenditures for medical care in behalf of recipients was authorized up to a monthly maximum determined by multiplying $6 by the total number of recipients of cash or medical care under the program for the month. This new provision was in addition to the one for sharing in money payments to assistance recipients. The amendments also inserted in the statement of purpose the objective of furnishing appropriate public welfare services to help recipients toward more independent living. The emphasis was in aid to the blind on helping individuals toward self-support or self-care, effective August 1, 1956.

Aid to the blind was received by 105,800 persons in June 1956, an increase of about 2,000 or 1.8 percent during the year. At the end of the year 22 States had fewer recipients than in June 1955. The national average assistance payment in June 1956 was $60.42 compared with $57.41 in the previous June. Average payments in the States ranged from $32.44 to $103.27.

1957

As an effect of the 1956 amendments to the Social Security Act raising the Federal share of State public assistance and maximum payment subject to participation, all but a few States increased individual payments by $3 or $4 a month for the needy blind, long overdue adjustments in payments in relation to increased living costs. The number of persons assisted in aid to the blind increased by 2,600 from June 1956 to June 1957. The increase in number of recipients from 105,800 in June 1956 to 108,400 in June 1957, 2.5 percent, occurred even though 27 States had lower caseloads at the end than at the beginning of the year.

The average assistance payment in aid to the blind for all States in June 1957 was $63.87, an increase of $3.45 from the previous June. Average payments in the States ranged from $37.77 to $116.78.

The provision for additional Federal matching in medical care costs, beginning July 1, 1957, provided the stimulus for extensive planning and legislation in the States. Some States passed legislation to authorize making vendor payments for medical care. States were enabled to elect to receive Federal aid for combined money and vendor payments, as before, rather than to claim separate Federal matching for vendor medical care payments. One State entered into contracts with Blue Cross and Blue Shield to provide hospitalization and physician's services in the hospital for recipients of aid to the blind.

The provision for Federal sharing in expenditures incurred by a State public assistance agency in giving staff services to help recipients achieve greater independence was a stimulus for State activity to give services in addition to financial aid.

Payments to recipients of aid to the blind rose to 80.6 million dollars. Federal grants to States paid were 41.4 million. Expenditures of States for assistance and administration of aid to the blind were 87.3 million, of which 47.6 percent was from Federal funds.

1958

The number of needy blind receiving Federal-State assistance in fiscal 1958 remained practically unchanged at 108,000. Amendments were made to the Social Security Act in August 1958.

For the first time, the fiscal ability of each State was considered in part in determining the Federal share of a State's expenditures for public assistance. The Federal share became related to a single average expenditure per recipient for money payments to recipients and vendor payments for medical care. The Federal share was limited to part of any expenditure equal to $65 a month times the number of blind recipients in the State.

The national average payment in aid to the blind was in June 1958 $66.72, an increase of $2.85 over June 1957.

Although the trend in the number of recipients of old-age assistance had been downward, the trend in the number of recipients of assistance to the blind had been upward, due in large part to population increase, the rise in cost of living, and due to the relatively smaller influence of the insurance program on the blind.

By June 30, 1958, 41 State agencies in 37 States were providing medical care with Federal participation through vendor payments for one or more categories of Federally-aided public assistance, including 17 agencies that made no medical payments previously.

Payments to recipients of aid to the blind rose to $85.4 million, Federal grants paid to States rose to $44.2 million, and expenditures for assistance and administration rose to $92.5 million, of which 47.8 percent was from Federal funds.

1959

In June 1959, 109,000 persons were receiving aid to the blind, an increase of about 1,000 over the previous June. In June 1959, the national average payment per recipient of aid to the blind was $69.04 up $2.32 over the previous June, with payments in States ranging from $35.33 to $117.35.

The number of persons receiving both aid to the blind and old-age and survivors insurance was estimated to be at about 8 percent of those receiving aid to the blind. Very few persons in the aid to the blind program had the necessary work experience to qualify for insurance benefits. Since half of the needy blind were 65 years of age or over, the majority of the 8 percent also receiving insurance benefits were undoubtedly receiving benefits for reasons other than disability since the age requirement for disability insurance was between 50 and 65 years of age.

Some States used the additional Federal funds made available by the amendments of 1958 to lift the maximum payment, to eliminate reductions that had been applied to assistance payments, revise their cost standards to reflect current prices, and increase average payments per recipient.

Further increases in the availability of medical care came from the 1958 amendments which related the Federal share to an average expenditure per recipient. The average vendor payment for all recipients (both those having money payments and those having only vendor payments made for them) in June 1959 was $5.34 for the blind.

Payments to recipients in fiscal 1959 rose to $89.1 million for 109,446 persons. Federal grants to States paid in 1959 were $47.6 million; expenditures for assistance and administration were $96.8 million of which 49.6 percent was from Federal funds.

1960

The number of recipients of aid to the blind in June 1960 was about 108,000, some 1,500 less than in June 1959. Average monthly expenditure per recipient for vendor payments for medical care in the same year was $6.36 for the blind. Amendments to the Social Security Act provided that effective July 1, 1962, a State agency in determining need for blind assistance *must* disregard the first $85 of earned income per month plus one half of earned income in excess of $85. Until then beginning October 1, 1960 a State was permitted to apply the above criterion or to continue to apply the old law exemption of $50 per month.

Federally-aided programs of aid to the blind were administered in 54 jurisdictions.

In aid to the blind, the average payment per recipient was $72.81 in June 1960, compared with $69.04 a year earlier. Average payments in the States in June 1960 ranged from $38.65 to $125.73. Total payments to recipients in fiscal 1960 were $92.3 million.

The percent of recipients of aid to the blind who also received old-age and survivors insurance benefits was 16 percent, double the percent stated for fiscal 1959.

Federal grants to States paid were $48.8 million. Expenditures for assistance and administration, including vendor payments for medical care, were $100.2 million, of which 48.9 percent was from Federal funds.

1961

In June 1961, 105,600 persons received aid to the blind, a drop of 2,000 or 2.2 percent from the number in June 1960.

The Federal share of assistance payments under programs of aid to the blind was increased. The first $30 per recipient per month in which Federal participation had been 80 percent, was raised to $31, and the maximum average payment in which the Federal government would participate was raised from $65 to $66.

In September 1960 a new program of medical assistance for the aged was established making Federal funds available for States to help older persons (over 64) not receiving old-age assistance. Persons eligible for aid to the blind could benefit where medical care expenses would be very large by being transferred to this new program (MAA) under which there was no Federal ceiling for the amount that could be matched with Federal funds.

Total assistance expenditures in aid to the blind, including vendor payments for medical care, for the fiscal year 1961 rose $2 million or 1.7 percent, to $102.2 million, of which 47.6 percent was from Federal funds. the average payment per recipient was $73.36 in June 1961, compared with $72.85 a year earlier; the total payments to recipients for the fiscal year were $94.0 million, including vendor payments for medical care.

Of persons receiving aid to the blind 18.1 percent were also receiving old-age and survivors insurance.

Average payments since the Social Security Act went into effect were rasied much less in purchasing power than in dollars. Average payment in June 1936 was $18.72 and in June 1961 was $73.36. But the purchasing power of the 1961 payment was only about 46.4 percent of the dollar amount in terms of the BLS Consumer Price Index, or $34.04.

In 1961 an unpublished study of some State activities in aid to the blind revealed that many items designed for blind people were either unused, or little used, and largely not discussed with blind recipients of public assistance. Canes, talking book machines, and radios were most frequently mentioned in the records, but in other instances there was no indication that recipients knew they were available, they did not want them, or they no longer found them useful. The reasonably priced devices were not recorded as having been discussed with recipients, such as devices for personal grooming, for making homemaking tasks simpler and safer, and for encouraging recreational outlets. Sighted caseworkers had not received specialized training related to blindness, so that these omissions and others concerning abstract and attitudinal matters were not surprising.

In 1961 in some States the State supervising ophthalmologist furnished legal basis of eligibility in the report he submitted, but there were no comments and no recommendations regarding conditions contributory or possible of amelioration. The study suggested that re-examination should be a regular practice to make certain that all recipients were given opportunity for sight restoration.

1962

In June 1962, aid to the blind in Federally-aided assistance was received by 100,000 persons. In the 27 States administering programs of medical assistance for the aged some blind persons aged 65 or above were recipients; but younger blind persons had to secure medical care under aid to the blind. Only 10 States had such programs a year earlier, none in June 1960.

Effective October 1, 1962 the formula for determining the amount of Federal participation in State public assistance payments to the blind was liberalized. The Federal share of the average monthly assistance payment in aid to the blind was raised from 4/5 of the first $31 to 29/35 of the first $35, and the average maximum was increased from $66 to $70.

Among the Public Welfare Amendments of 1962 was Title XVI added to the Social Security Act to permit replacing the separate State plans with a single plan consolidating all adult programs, effective October 1, 1962. In States which had a separate agency for the blind under Title X that agency could still be designated to administer or supervise as a *separate* plan the portion of the State plan under Title XVI which relates to blind persons.

The 100,400 recipients of aid to the blind in June 1962 represented a 4.9 percent decline from the 106,000 aided in June 1961. The decline for one year to June 1962 was greater than the one year decline to June 1961.

Total assistance expenditures, including vendor payments for medical care for fiscal 1962 compared with a year earlier reflected a decrease of $1 million or 1.2 percent in aid to the blind, from $93,991,000 to $92,819,000. The average payment per recipient in June 1962 was $77.47. Expenditures for assistance and administration in fiscal 1962 were $101,493,000. The percent from Federal funds in these expenditures for assistance and administration was 46.9 percent.

1963

On January 28, 1963, the welfare programs of the Department of Health, Education, and Welfare were brought together to form the Welfare Administration, under a Commissioner of Welfare. One of the goals to which the amendments of 1962 were directed was to make more liberal payments for the blind available through the States. A second goal was to make available more social services, chiefly in order to help people become less dependent.

As the year ended, virtually all of the States had obtained Bureau of Family Services approval of plans to take at least the beginning steps to provide improved social services with higher Federal support in one or more assistance categories. Full implementation was required by 1967.

By providing all of a minimum "package" of prescribed services, States received from the Federal government 75 percent – instead of 50 percent as formerly – of the cost of the services. The minimum services were directed to recipients in all assistance programs, including the blind. The minimum services were required to be offered also to applicants for assistance in all programs.

Services for which the Federal government financed 75 percent of costs included: counseling, work training and job finding, planning for medical and hospital care, finding decent living quarters, enlisting help of family and friends, and homemaker services. By providing the minimum services States also qualified for 75 percent Federal participation in the costs of training welfare agency staff.

A provision of the 1962 amendments effective July 1, 1963 required States to disregard for a period not longer than 36 months any additional income and resources of a recipient of aid to the blind when he was engaged in an approved plan for self-support.

The 1962 amendments gave States the option of having a single program for adults in place of the separate programs for the old, blind, disabled, and medically needy, a program called aid to the aged, blind, or disabled, AABD.

The number of persons receiving aid to the blind decreased by 2,000 or 2 percent, in June 1963, with 32 States reporting decreases from June 1962. Reasons for the decline included: (1) greater concentration on vocational rehabilitation services, (2) survivors and disability insurance benefits to blind persons, (3) improved sight saving efforts, and (4) transfers of recipients or potential recipients to OAA and MAA. At year's end there were 98,000 recipients.

Payments to recipients of aid to the blind increased $2 million or 2 percent, and the average monthly payment went from $78 to $81. Some States increased individual payments to adult recipients to meet raises in living costs. Half the States with maximums on individual monthly payments in OAA, AB, APTD raised their maximums. Some States made increases in their cost standards with the effect of raising payments so that need was more nearly met. Some States cut reductions applied to all payments for lack of funds, allowing payments to increase.

Grants to States advanced during the year were $48.9 million. Total payments to recipients under Federal-State programs in fiscal year 1963 were $95.0 million.

1964

As fiscal year 1964 ended, all States but one were providing some part of the social services prescribed by the Secretary of Health, Education, and Welfare to reduce and prevent dependency. By providing all of a minimum "package" of services, States received a 75 percent Federal share, instead of 50 percent as formerly, of the cost of improved services.

Initiation of the new combined program of aid to the aged, blind, and disabled (AABD) by 12 States increased the rate of Federal participation in medical vendor payments under the aid to the blind and disabled programs by applying the same formula used in old-age assistance to this unified program.

Total payments in fiscal year 1964 to recipients rose $2 million (1.8 percent) to $96.7 million in aid to the blind.

In aid to the blind, the number of recipients in June 1964 97,400, was 1.0 percent smaller than in June 1963. An increase of $2 brought the average payment to $84 in June 1964.

Federal grants to States advanced for aid to the blind were for the fiscal year 1964 – $45.8 million.

1965

The Civil Rights Act of 1964 embodied the Nation's determination to end second-class citizenship in every facet of American life. By making illegal the practice of racial discrimination in all programs supported by Federal funds the Act promised to have broad implications in the field of social welfare. Although aid to the blind was the smallest welfare program in terms of recipients and grants, the Act had implications for those recipients and possibly some persons eligible who were thereafter moved to apply for aid to the blind.

Significant progress was made by the States in extending social services to public assistance recipients with the larger percent of Federal contribution of expenditure, 75 percent compared with 50 percent prior to 1962, and 38 jurisdictions elected to offer social services to adults under the assistance programs. A sampling of results of services in 70 counties in 14 States serving 40,000 public assistance cases seemed to show that the results were employment, starting vocational training, better financial management practices, better housing, reduction of institutional cases, but the number of blind persons were probably small relative to those in other categories.

Findings issued during the year from a study of characteristics of recipients of aid to the blind included these:

1. Most of the 95,000 recipients of aid to the blind were seriously

handicapped, with little hope of rehabilitation to self-support.
2. Although only 18 percent of the AB recipients were "totally blind," all of them were severly handicapped.
3. The median age of AB recipients was 61.
4. Approximately 65 percent of all AB recipients had less than an eighth grade education, and only 10 percent were graduated from high school.

In fiscal year 1965 total payments in aid to the blind rose $2 million (2.3 percent) to $98.9 million. Federal grants to States for aid to the blind were $43.0 million.

In June 1965 the number of persons receiving aid to the blind decreased by 2,100 to 95,300, with 37 States reporting declines from June 1964. The average payment per person in June 1965 was $88, compared with $84 a year earlier.

One should note that the payments in aid to the blind no longer included all medical care payments that were included before 1965 when the medicare insurance amounts came to be reported separately or before 1962 when other medical care became available and reported under a separate welfare program. The expenditures for the blind included above for 1965 were in the nature of a minimum to which additional amounts for medical care would need to be added to make the newest figure strictly comparable with earlier figures. Indeed some recipients of public assistance were transferred from one program under which there were maximum payments to another (MAA) in which there was no ceiling on the amounts that could be matched with Federal funds.

1966

The new medical assistance program (MA) is an extention of the program of medical assistance for the aged (MAA) authorized in 1960, and included children and certain adults in addition to the aged. When adopted by all States, it could provide comprehensive, high-quality medical care for those who need it but cannot afford it, about a fifth of the Nation's population.

All recipients of financial aid under other Federally-aided assistance programs must be included in the new MA program. By 1975, a State must include substantially all of the State's medically needy in a comprehensive program of medical care. At the time of the preparation of this article, a number of proposals for a drastic overhaul of the medical assistance plan under Title XIX are pending in Congress. The new program became available to States on January 1, 1966, and, effective January 1, 1970, Federal funds for medical care payments under *other* Federally-aided assistance programs *terminated.* As a minimum, after July 1, 1967, States under this new program must furnish five specific medical care services: inpatient hospital service, outpatient hospital service, laboratory and X-ray service, skilled nursing home care, and physicians' service. Provision of other services remained optional with the States. The Federal law provided against restrictions of service by residence or citizenship requirements.

A new Federal matching formula, effective January 1, 1966, made it possible for States, without any increase of State funds, to add an average of $2.50 a month to the payment for each recipient of aid to the blind. Effective October 1, 1965, States were allowed to permit recipients to keep $5 a month from any source without having their assistance payments reduced.

In June 1966 medical assistance was available in 38 jurisdictions and available under the new MA program in 9 jurisdictions.

In June 1966 the number of persons receiving aid to the blind was 85,000. Total payments including medical vendor payments in June 1966 to these persons in aid to the blind were $8 million, a decrease of 9 percent compared with the amount a year earlier. The national average monthly payment in June 1966 for aid to the blind was $90. The amount of money payments in the calendar year 1966 was $84.7 million, and the vendor payments for medical care were $5.6 million. In December 1966 the number of recipients was 84,000. The recipients of aid to the blind per 100,000 of the population aged 18 and over had decreased from a high of 97 in 1957 to 68 in 1966. The recipient rates of blind per 100,000 in the States varied in 1966 from 14 to 179, with two States reporting 153.

By January 1, 1966, 41 jurisdictions were providing social service in the adult program.

The sudden drop in the number of aid-to-the-blind recipients during the year was due in great part to the repeal of the Pennsylvania law which provided for a parallel program of pensions for the blind. However, the continued decline in the aid-to-the-blind rolls should be noted in the years immediately preceding 1966 and those following that period.

1967

In August 1967, a new Social and Rehabilitation Service was established combining the Welfare Administration, the Vocational Rehabilitation Administration, and the Administration on Aging for a new emphasis on rehabilitation with a mission extending to the disadvantaged.

In June 1967, 29 jurisdictions were administering medicaid, the new medical assistance program, MA, and 19 jurisdictions still operated medical assistance for the aged, MAA.

Poor persons were redefined in the Economic Report of the President of January 1967 as those unrelated individuals with income less than $1,570 or those couples with less than $2,030, or those in a family of four with less than $3,300. Of about 33 million poor in the Nation, some 8.4 million were receiving money payments under public assistance programs in June 1967, and of these 83,000 were receiving aid to the blind. In addition some needy blind persons may have received medical care from vendors paid directly.

The aid to the blind program, AB, showed a 2 percent decrease in the number of persons receiving public assistance money payments. In vendor medical payments there was an increase of 29 percent for all programs, old age assistance, etc., as well as aid to the blind recipients, which reflects an extension of medical assistance payments into 20 new jurisdictions during the fiscal year 1967.

Total money payments to recipients for the month of June 1967 for aid to the blind were $7 million. Medical vendor payments in June 1967 were for *all* programs $230 million divided among the new medicaid program, medical assistance for the aged, and the other federally aided categories of assistance, such as old age assistance and aid for the blind. The blind could receive medical care under any one of these medical care programs according to individual cases.

Money payments to recipients of aid to the blind increased in June 1967 compared with a year earlier by 2 percent. A shift of expenditures indicated the shift in use of recipients from MAA and from vendor payments of categorical aid programs such as AB, to medicaid, which increased 97 percent over June 1966 in expenditures.

For the fiscal year ended June 30, 1967, expenditures for assistance to recipients, including vendor payments for medical care were $89,172,000, of which Federal funds were 58.1 percent. National monthly average public assistance money payments in June 1967 were $87 per recipient of aid to the blind.

1968

In June 1968 the amount of public assistance payments for Federally assisted payments in aid to the blind were for money payments, including nonmedical vendor payments and amounts for blind recipients under State programs for aid to the aged, blind, or disabled (AABD), $7,388,000, an increase of 1.8 percent over June 1967. This excludes vendor payments for medical care. The average of payments included in this $7.4 million for June 1968 was $91.05, and the number of recipients 81,200, a decrease of 2.2 percent from the number of recipients in June 1967.

1969

The aid-to-the-blind rolls at the end of fiscal year 1969 showed 80,200 recipients. The average grant was $95.35. A total of $91,400,000 expenditures were credited to the financial aid-to-the-blind program during that year, $2,600,000 of which was for vendor payments for medical assistance. During this same period, accelerated planning was underway for the development of a new approach to the Nation's public assistance needs. Legislative proposals for a new family assistance plan included amendments to the Social Security Act which would require the combining of the adult categorical aids under Title XVI.

1970 and 1971

Statistics for fiscal year 1970 indicated a continual decrease in the number of aid to the blind recipients with a total of 80,100 persons receiving money payments. The average grant in June of that year was $102.05. All of the figures for fiscal year 1971 are not complete. The number of aid-to-the-blind recipients continued its downward trend. In November of that year, 80,000 blind persons were receiving money payments. In many instances actual medical assistance payments for blind persons covered in the public assistance program and/or under Title XIX of the Social Security Act were intermingled with total expenditures and the parts became increasingly difficult to determine.

During this same period, national planning efforts were intensified to evolve a modernized, effective .program for aid-to-the-blind recipients as well as the other categories covered in the public assistance programs. While this article goes to press, a new set of proposals are being developed and will be presented during the first session of the 92nd Congress.

Near the end of fiscal year 1971, 19 States had combined the aid-to-the-blind programs with the other adult categories under Title XVI. The remaining States retained separate financial aid-to-the-blind payments. Four of these; namely, Massachusetts, Virginia, Delaware, and North Carolina, provided for financial aid to the blind to be administered or supervised by separate agencies or units providing comprehensive services to blind persons. In the overall Social and Rehabilitation program, special services for aid-to-the-blind recipients were approved as part of the social service requirements in rules and regulations. There is little doubt that in the succeeding years as these provisions become effective State by State, a much greater intensification of services to blind persons will have an impact on the lives of our Nation's blind population.

The 1970's will undoubtedly bring a significant change for blind persons in the United States toward giving them access to those services necessary to enable them to have the greatest possible degree of social and economic independence.

THE EMOTIONALLY DISTURBED AND MENTALLY ILL AMONG VISUALLY HANDICAPPED PERSONS

By Mary K. Bauman

The title of this paper offers a number of challenges.

One is, of course, to distinguish between the emotionally disturbed and the mentally ill. It might be difficult to obtain agreement upon such a distinction, but since there will, in this paper, be somewhat differing use of the two terms, it seems advisable to state that differing meaning here even though this is not intended as a statement as authoritative as might be found in a reference work on psychiatry.

It is often said, in defense of those of our clients who have obvious personality problems, that everybody has personality problems. We can then perceive the emotionally disturbed and probably the mentally ill as persons on a continuum with all the rest of us. This should mean that we can understand them better and offer them sympathy, if not some healing power, based upon that understanding. This is important because often the emotionally disturbed person needs sympathy – and sometimes it is all we can directly give to him. I shall return to this point later.

It might also be fair to say that not only are the emotionally disturbed on a continuum with the rest of us but it is sometimes difficult to distinguish those who are emotionally disturbed from those who are not. Probably all of us are emotionally disturbed at times in the sense that we are feeling depressed, or we are harboring feelings of suspicion and anger, with the intensity of which not everyone around us would agree. This has nothing to do with the presence or absence of a visual handicap. When something tragic happens in the life of a normally seeing person he may react rather intensely and our culture even thinks such reactions quite normal.

However, such reactions are usually relatively temporary and we speak of people "getting over it." In some cultures such reactions to loss of a loved one, for example, are rather formalized, as in setting a year of mourning. A century ago the widow who did not act out a year of mourning was regarded as a most unloving wife. Yet all people do not "get over" things at the same rate and some people never "get over" some things. Then we are likely to call them emotionally disturbed. We might, then, define emotional disturbance as a more intense, more overtly demonstrated, and more prolonged emotional reaction to a real event than most people would have. The important element in this definition is the indication that the condition started with a real event or, of course, more than one real event, each intensifying those which preceded.

This paper proposes to define mental illness as a psychic condition not related, or inappropriately related, to a real event. When a person reacts with intense sorrow or anger to something which most of us would greet with joy, we say he is mentally sick. When he peoples his world with imaginary characters, when he posits his behaviour on imaginary events, we say he is mentally ill. Mental illness varies in its intensity and it is possible for a person to be mentally ill in one component of his behavior while functioning quite normally in another. Mental illness also varies in its duration. A person may hallucinate for a day or a couple of days and never repeat such behavior or appear out of touch with reality again. Hallucinations and behavior which reacts to them can easily appear in physical illness, as when a person suffers a high fever. And, of course, we are today very aware of the fact that some people wish to live in an unreal world and use drugs to achieve this.

The point probably should also be made that mental illness is, in its ultimate definition, a matter of law whereupon it is called insanity. In court cases, experts are often brought in on both sides and, curiously enough, it is then a jury of laymen that decides whether the individual is insane.

Thirty years ago many workers in the field of blindness said that there was little mental illness among the blind and they could cite figures to show this. One of the reasons given was that society usually protected blind people from the stress of competition and so they did not have to retreat into a world of unreality to protect their egos. A more nearly correct explanation of the figures which showed that there were few blind persons in mental hospitals may lie in the fact that psychiatrists tended to blame any disturbed behavior on the presense of blindness and made no further diagnosis. I well remember, less than 20 years ago, referring a blind client to the clinic of a University and getting back a written report which implied that I must be pretty stupid to refer such a person for psychiatric help – he was blind!

In order to get help for severely disturbed blind clients we, in rehabilitation, have had to educate psychiatrists regarding what can naturally be expected in the behavior of a blind person and what is just as "sick" in a blind person's behaviour as in anyone elses. It was largely for this reason that Cholden was greeted with such delight by rehabilitation workers. He was the first psychiatrist who not only agreed that some of our clients were very odd but tried to help us understand what part of the disturbed behavior might relate specifically to blindness and what part did not.

The great point Cholden made was that mourning for loss of sight was natural and since Cholden's death, Father Carroll has carried this further and about half of his famous book is built around this premise.

Here we are talking about the client who has had normal or relatively normal vision usually at least until his teens and whose entire self-concept must change with the loss of vision. All of us not only regard it as normal to have a rather intense emotional reaction to this, but we are surprised and somewhat worried about the occasional client who does not. We are afraid the reaction will come later when we are less ready to help him over it and then it may break into the program of his rehabilitation. It is during this period of adjustment to recent visual loss that the social worker, rehabilitation teacher or counselor may find his own experience of blindness most important as a bridge to reach his client, his own example as a competent blind person a major motivation for his client to get out of the rocking chair, as it were. However, the blind worker must also be prepared for complete rejection *because* he is blind when the client cannot yet accept the concept of himself as a blind person.

Even though an individual's blindness may not be of recent origin, there are some arguments for believing that the typical life of a blind person may push him in the direction of emotional disturbance. I discussed this in some detail in Adjustment to Blindness – Re-Viewed,[3] indicating that frustration, conflict and anxiety are all components of emotional disturbance. All of these feelings are more likely to be part of the life of a blind person who finds many things genuinely more difficult to do because of lack of vision. The fact that it takes more time to read by Braille or recording, so getting through college, for example, requires many more hours of effort for the blind student, plus the fact that many employers will not hire or will not promote a blind worker, must be sources of frustration. Some of the ways in which the public treats blind people, some of the genuine dangers of living without vision, such as dangers in traveling, could certainly induce a generalized and chronic tension.

Blind readers may say that they live with these and dozens of other frustrations every day, yet are not emotionally disturbed. This is true largely because there is some balancing positive factor – or many such positive factors – which save them from emotional disturbance. They feel the stress and anger and at times even the depression, but soon get over it.

Employment One of Best Balancing Elements

This fact points the way toward helping many of our clients whom we regard as emotionally disturbed. Their emotion is a reaction to real elements in their environment. Sometimes we, as rehabilitation workers, can modify some of these elements, but often we cannot. The client has to learn to live with them. Our job in rehabilitation is to help to provide the balancing elements and one of the best of these is employment. Nothing is better for one's self-concept than feeling needed in a job and having proof of one's worth through the salary earned. However, there are many other balances, such as recreation, friends and frequent communication with friends, being able to make some tangible object and perhaps give it to a loved one, being independent in travel, in daily living, in making purchases, etc. All of these balance to some degree the frustration, the fears and the insecurities which build up into what we call being disturbed.

It is, therefore, fair to say that for many of our emotionally disturbed blind patients, the best possible therapy is a good, all-round job of rehabilitation. During this process of rehabilitation, the individual may need some special services or special consideration. He may, indeed, be helped by psychotherapy, but frequently not by psychotherapy alone. How can anyone talk him out of a reasonable reaction to a real problem situation? If, when a man loses his vision, his wife takes their children and leaves, how can anyone talk him out of the feelings of depression, loneliness and uselessness which probably overcame him? What he needs is to build toward independence as a blind person – total independence.

However, that independence cannot come overnight. While building toward it through a well-rounded rehabilitation program, he may need also the opportunity to talk out his emotions with a therapist, a person to whom he can talk of kinds of very personal self-doubt that he cannot readily discuss with his rehabilitation counselor. Rehabilitation programs can take care of mobility, self-care, communication and record-keeping skills, training and ultimate placement in a job. Rehabilitation may include help toward appropriate leisure activities, contacts through which new friends can be made, etc. Psychotherapy cannot take care of these, and without the rehabilitation program psychotherapy is likely to be largely fantasy.

So the program for most emotionally disturbed clients is a combination of carefully planned rehabilitation and psychotherapy. And, in my opinion, if both cannot be provided, do provide the rehabilitation program. With it, the client may manage without the psychotherapy.

For the mentally ill client, on the other hand, the prescription may have to be reversed. Because this client is out of touch with reality, training and placement may be impossible, travel may be dangerous, and friendships impossible to build. This client must start with treatment for his mental illness, treatment which will vary in intensity with the nature of that mental illness and treatment which must be prescribed by the psychiatrist, not the rehabilitation worker. Just when a rehabilitation plan should be made, and the nature of that plan, should depend upon the recommendations of the psychiatrist. When I test a client who is, in my opinion, mentally ill, I often feel I have no real picture of this person's abilities or interests. In short, one cannot make even a tentative vocational plan until the intensity of the mental illness had been reduced.

In the last several decades, a lot has been written about the emotionally disturbed child. I will not attempt to list the many possible causes of emotional disturbance in blind children but there is every reason to suppose that blind children do have to deal with real events which are likely to cause emotional disturbance much more frequently than do normal children. Most outstanding, of course, is rejection by the parents, sometimes taking the form of complete abandonment. Rejection clothed in overprotection, or rejection tempered so that the child is retained in the family but clearly not the favorite, are other factors. Such emotional disturbance may easily be intensified in the very young child by failure to give proper opportunity to sensory and general learning experiences, so that both the emotional and the intellectual growth of the child are affected. Of the 8,887 multiply-impaired blind children studied by Dr. Milton Graham,[5] nearly 17 percent were described as having emotional problems. Dr. Graham's findings also seem to indicate that when blindness is combined with other physical or mental problems, the likelihood of emotional disturbance is much greater and this is, of course, quite logical.

In young blind children it is far better – and easier – to try to prevent the development of emotional disturbance than it is to right such disturbance when it has occurred. At the end of their very detailed study, Norris, Spaulding and Brodie[8] said:

> "The earliest months of the blind child's life and the years of the pre-school period are of primary importance. They determine the course of his later development. All the components for the healthy personality development of any child are crucial for the blind child because his capacity to master his environment is definitely related to his security in his family and the understanding that family members have of his needs. The damage that is done by prolonged failure to provide satisfaction of these needs is apt to be permanent. It can be only partially alleviated by later treatment."

Regardless of the causes of emotional disturbance, and regardless of whether it appears in child or adult, the members of the rehabilitation team must be concerned with doing something about it. We are learners only in order that we may become doers.

This paper, therefore, will close with a brief review of some of the ways in which various professionals have tried to do something about emotionally disturbed blind children and adults.

Ashcroft[1] has described a program at Peabody in which the staff "attempted to delineate the possible" for a small group of children. He gives few details of just what was done but does say:

> "The therapeutic intervention must be rather drastic as compared to conventional educational programs. The program should be "clinical" in nature – that is, it should be conducted virtually on a one-to-one basis. The

> program should be developed in terms of the idiosyncratic learning problems and attributes of the children – guided by diagnoses and assessment developed by a competent, multi-disciplinary team. The team involvement must extend over a protracted period of time. It seems almost too obvious to mention, but is nevertheless necessary, that the home and parents or parent surrogates must be involved with the process. Indeed, the whole ecological system of the child should be involved."
>
> "The goal of our work, we believe, should not be "cure" of the problems. Rather the more modest goal of making the child's system 'go' or function at whatever level possible should be sought. Hopefully, this goal will be changed frequently to new and improved levels of 'go' – to new thresholds of tolerance – to new levels of interaction – to new levels of competence in language, concepts, and basic skills."

Ashcroft warns that changes may come slowly, that patience is needed in the staff. They stressed physiological development through motor activity and did not rely heavily on psychotherapeutic approaches. Rather, they provided a therapeutic milieu.

Avery[2] describes the use of play therapy with blind children, discussing in some detail the child's introduction to the playroom by the therapist, the use of a dictating machine and of many sources of sounds, and the imaginative application of toys not designed for the use given them in this program. She also encourages us to try some of this ourselves by concluding that the therapeutic relationship may just be a variation of good interpersonal relationships in general. "The child's having an understanding adult at his behest may be the actual or at least the indirect cause of his changing."

Ross, Braen and Chaput[9] report their efforts to rehabilitate an institutionalized group of 20 severely disturbed blind children who also appeared to be mentally retarded. Initially these children showed no interest in learning or, indeed, in the world outside themselves. They were totally dependent, showed little speech or any other form of communication. As the children developed relationships with staff members and with other children, they showed less anxiety, more trust, less negativism. They began to take advantage of opportunities for exploration, developed in mobility and in curiosity about the world around them. The authors state:

> "The most important ingredient in bringing about the changes noted has been the willingness of staff members to work as a team, to see beyond their own specific professional identities to the ultimate importance of building in each child a capacity to trust and to relate to other people."

Mattis[7] reports on two programs at the Jewish Guild for the Blind, one of which is of particular interest because careful study of the children involved showed that their problems could not readily be related to disruptive child-parent interaction, but rather to conceptual deficits of probable organic etiology. The result was inappropriate behavior and high anxiety. The attack upon these problems was one of slowly developing concepts, teaching similarity, difference, association, etc. In a literature heavily weighted with blaming all emotional disturbance in blind children upon the way they are treated by their parents, this article is refreshing.

Furst[4] reports on the use of a phsycial recreation and physical fitness program as a form of therapy. He worked with a group of 13 adult blind clients and tried to develop a common spirit through a competitive play-group as well as develop realistic view of their handicaps. He reports that there was a definite change in the attitude of the group as a whole although the changes were far greater in some members of the group than in others. The achievement of greater self-confidence has been a notable result.

Goldman[6] reports on the use of what he calls an encounter microlab with blind clients. He believes that the "talking" therapies, when used alone, are very ineffectual in producing behavioral change and thinks this especially true for blind clients who have too often been deprived of direct experience. His encounter groups, therefore, used physical contact, the experience of being caught when falling, lifted into the air, or guided by another member or members of the group. He describes in some detail the ways in which he got group members to disclose their problems and to use both fantasy and interpersonal experience toward solutions.

Finally, Wilson[10] reports on the use of group therapy at the New York Association for the Blind where emphasis is upon "re-educative and supportive lines using the interview technique which allows clients to enter and withdraw from the groups as their own needs dictate. . . ." Experience to date has revealed that group therapy has been a valuable adjunctive therapeutic technique when programmed into prevocational and personal adjustment programs.

I have listed these various efforts to help emotionally disturbed and, in some cases, mentally ill blind children and adults, largely because most of these procedures are very related to the work of the rehabilitation teacher. All emphasize the need for understanding, for patient efforts to communicate and to build trust, the reaching out of one human being to another. They certainly disclose that many professional techniques can succeed, and so one tends to conclude that it is the interpersonal relationship, more than the technique, which is important. But it is especially worth noting how many of them involve touching, doing, creating, learning – all of which are very much involved in rehabilitation teaching.

To rehabilitation teachers, I would say, you are the first line of attack in working with emotionally disturbed blind people. The procedures which you have been taught, and which you so well adapt to the differing needs of each blind client, are the tools which research has proven effective. This does not mean that psychotherapy should not be called upon in some cases. It certainly does not mean that other disciplines and other agencies should not be called in when they can help. But it is you who must – and can – pull the program together and make it work.

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WORKING WITH RETARDED BLIND PERSONS, "A HAPPY EXPERIENCE"

By Joanne Malatesta Davidoff

It is my sincere wish that the readers of this article will find in it some thoughts and ideas which will increase their fund of knowledge and perhaps provoke some new and imaginative thinking about the subject.

For 15 years, I was associated with the hurt people known as the "Retarded-Blind". Whenever I hired a new member of our staff or faculty at Upsal my first caution to them, whether they were going to teach or aide or cook or clean, was to remember that we were working with people, and that each person was an individual with very special needs. There are few people who truly understand the needs and problems of these retarded-blind persons – and that which is so close to them – the needs and problems of their families. Actually, the families themselves are usually not certain about their own needs or the needs of their loved ones.

I believe that most of us who work in this area really do try to understand the needs and feelings that are a part of this problem. But, it is almost impossible for us to experience the same emotions that a family may feel while living with a retarded-blind person all day, every day, all year and every year. How many times have you said, "I wish there were 48 hours in a day". For these families, who cannot find enough activities to keep their loved one occupied, 24 hours are far too many in a day. We say to families and to our fellow workers, "You must accept, you must adjust, you must understand". We all know these words so well. Yet, if we cannot understand our own feelings, and often we do not, how can we as parents or teachers understand the feelings of one who is not a whole person? And isn't it difficult for us to adjust to the apparent lack of feeling and understanding on the part of the hurt people?

We all enjoy talking to very young children even though it often means repeating a word or a phrase or even a sentence over and over again. Somehow we do not mind this, perhaps because we know that it is important for young children to have repetition, and that repetition is an important tool for learning. However, when you find yourself doing this same kind of repetitive speech with a 16-year-old six-footer, it is a little difficult to digest.

When we opened the nursery school in Philadelphia, which we later named the Upsal Day School, among the students in attendance there were several who eventually grew into young adults physically, and yet still functioned at a very low level. At that time there was not much literature about retarded-blind persons and much less discussion. We soon learned that we were not approaching the problems of these persons properly. Instead of working with and developing the talents that the person possessed, we were attempting to give him the education that we thought he should have, which in so many cases was useless and all too often impossible. Instead of asking the youngster, "why are you catching butterflies", we should have been asking, "how many butterflies did you catch?"

It is my opinion that anyone who is going to supervise in this area should have a reasonably good orientation. The experience with, or the academic study of, either the blind or the retarded is just not enough if one expects to be really effective in developing a good program for the retarded-blind person. It is invaluable to study both the blind and the retarded. It is essential to have first-hand, day-to-day classroom experience. It is important, not only to know the case record, but also to become personally involved with the student if one expects to properly assist staff members in their work. Flexibility, imagination and resourcefulness will help to keep a good program running with continued effectiveness.

In the next few paragraphs I plan to list a few ideas about staff and program, to be considered in the work with retarded-blind people. But first I want to say that I know there is a big job to be done. Sometimes it may appear to be endless. However, it is not one to feel negative about. Working with retarded-blind people can be a very happy experience because they are usually very happy people. They love to laugh and can usually laugh easily. Just be sure to carry with you always warmth and a sense of humor.

1. The supervisor, in choosing a rehabilitation teacher to work with retarded-blind persons, should give serious consideration and thought to the personality of the individual. I do not minimize scholarship. Appropriate study and degrees are important and necessary. However, more essential is the ability of the person to communicate with and to respond to this complex individual. Does he have negative feelings before beginning the job? Does he have fairly good command of his own emotions? Is his personality flexible enough to accept unforeseen and sometimes bizarre situations?

2. The rehabilitation teacher should make himself aware of current literature. There is not a great deal and most of it gives us very little in the way of concrete ideas about how to work effectively with a student. However, each writing can serve as an impetus to get our own imagination working. Although experience should not be the only teacher, in this work I found it often true that experience is the best teacher provided one uses it wisely and with discretion.

3. Study your student's records. Nowadays there should be records available from the various schools. So often a retarded-blind person has been juggled around from one agency to another or from one school to another. Therefore, it will be extremely helpful to have on hand information from all the organizations who have had contact with the student. We often found that a person had a very negative report from one place while another gave a very positive report. So much depends upon the stage of life of the person in question and upon the person who is working on the case. Therefore, you must approach your challenge with a questioning but positive spirit.

4. Acquaint yourself with the psychological findings about the student. There is a great doubt in my mind about the amount of emphasis that is often placed on psychological test scores. In fact, it can do a great deal of damage by way of prejudicing the rehabilitation teacher, particularly if he is inexperienced. Reading a score of 25, 30, 49 or 50 can create a barrier to the teacher's understanding of the student which may be reflected in the amount of progress the student makes. Finding out that this sixteen-year-old, six-footer is functioning at the level of a six-year-old and sometimes even less, can be very discouraging. The mental age or test score must be used only as a guide to correct procedures and actions. I am certain that you will realize, as we did, that the

psychological commentary is much more valuable and helpful to you in planning your program.

At Upsal, each year brought us increased numbers of retarded-blind students to work with. We often found that although the test scores for two youngsters were approximately the same, these youngsters differed greatly in their abilities and functioning. The problem here is one of communication. One student may be reached more positively through the use of music, whereas another may be reached more positively through the medium of physical activity. The important factor is to find the right method of communication and pair it with the right person. Of one thing I am certain, and that is that every person has the ability to communicate in some way. This should be established in the schools. However, if the knowledge has not been given to you then it is up to you to establish the method of communication.

5. Observe your students in as many ways and situations as possible. The cry here, of course, is where do we find the time for all of this? I can only say that you will find you will have more success with a student if you will take the time to know him. A little extra time spent in the beginning will mean a lot of extra productivity in the end. The schools should alert you to the students who will be needing your service in a couple of years. And they should permit you to observe them in action while in the familiar setting of the school. It is important for you to know your student at home as well as at the school. Become well acquainted with his family. If you can learn the household routines, you may be able to help your student fit his abilities to the needs of the family. These situations should become obvious to you although, because of their personal involvement, they may be hidden from the family. Try to foresee and quiet their fears about your attempts to help their loved one become as independent and useful as possible. As you already know, families without realizing it, often put up great barriers to progress with their young ones. By the time the student is in need of your services, the family should have had some good counseling through the schools. However, most of them will still need support which might be accomplished through group meetings or group therapy guided by a very skillful and trained social worker.

6. Do not be influenced or inhibited by the failure of the previous worker to secure an effective relationship with the student. I am not just referring to someone from another agency. The wise supervisor will recognize, particularly if there is ongoing evaluation, that another teacher may be able to establish a better and a more productive relationship with this student. So often at Upsal we found that while one teacher reached a decided plateau with a youngster, another had just the right idea of how to move ahead with him. This should not be viewed as a failure, but rather with great respect for the individual's ability to know when he honestly is not able to communicate with a student. There is no reason to expect all of us to have the same ability to reach all of the students in the same way and with the same effectiveness. If we are going to teach our students to accept and deal with the realities of life and their failures, then surely we must be able to do this with ourselves. However, we must guard against using this principle as a screen to hide from a new challenge.

7. There should be ongoing discussion about the students, their activities, and most of all about the teacher himself. How does he feel about the case? It is important for the supervisor to give him constant encouragement because progress is often so very slow that it is hardly seen. Share his ideas and give him the opportunity to just talk it out. A good supervisor has, among his talents, the ability to be a good listener. Unfortunately, it seems that the art of good listening is seldom practiced. "There isn't enough time", is the phrase too often expressed. Sharing ideas is therapy for the teacher.

8. We have to continuously evaluate ourselves and our work. It is far too easy to fall into the rut of routine visits that really accomplish little. Learn to recognize what kind of things frustrate you and how you can best deal with these frustrations. Know the difference between effective service and merely doling advice and commentary. You can avoid many pitfalls by honestly admitting to yourself your true feelings and reactions and by learning to cope with these profitably. In other words, *you* dictate the results of your emotions and feelings, rather than your feelings and emotions dictating results to you.

9. If your student has been to a school, you have the right to expect that he has had training in the following areas: self-help, personal and social competencies, communication skills (remember this does not always mean language), some mobility skills, leisure time activities, good grooming and posture, and hopefully some prevocational skills. Each of these areas can be broken down into several skills, which I am sure you already know. Two important skills which should also be taught are time-telling and the use of the telephone for emergencies, if not for other purposes. Because the latter involves a judgment, very careful, specific and wise training must be given when developing this skill. Basically, retarded-blind persons need coping skills, those skills which will enable them to adapt themselves to the demands of their daily environment. Retarded-blind persons have difficulty in making the transition of using a skill in one place and transferring this same learning or skill to another environment. Therefore, the best vocational training will take place simultaneously in the school and in the workshop. However, you may need to convince the personnel of both places that this procedure, although very time consuming, will bring about the best results.

10. Today a retarded child's intelligence is viewed as being fluid. Intellectual development is a continuing process, although change in our daily circumstances can create a change in the rate of our intellectual growth and our effectiveness. We must remember that a retarded-blind child's learning is not predictable. Too often there is an assumption that a terminal plateau of learning is reached at the age of 16. This assumption is somewhat influenced by the fact that school attendance, in many places, is no longer compulsory after the age of 16. It has been determined that mentally retarded persons are trainable up to the ages of 25 or 30. Therefore, it is essential for us to provide facilities for teaching trainees up to that age. We all know that generally *retarded* persons are categorized as either educable or trainable. However, it is my opinion that it really is difficult to have such clear delineation since retarded-blind persons are so complex.

At this point, I should like to suggest a possible three-phase program to encompass most retarded-blind persons.

1. The first phase is the SHELTERED WORKSHOP. There are still several blind persons employed in these workshops who, with some good counseling and support, could probably find jobs in other industry or enterprise. These jobs may not be easy to find, but I am not certain that all possibilities have been exhausted. If other employment is found for these persons, more opportunities may be available in the sheltered workshops for those who are retarded as well as blind. Of course, more time for training will be needed and perhaps one job may need to be divided into several to eliminate complicated detail. This, as I see it, is a shared responsibility of the foreman, the placement counselor and the rehabilitation teacher. Mobility training to and from the workshop, as well as orientation in the workshop will be necessary. Probably, it would be advantageous to have a special person as a guide in the work area, either the foreman, a volunteer, or a retarded person who is somewhat more capable. Workshop foremen need to become completely familiar with the needs and abilities of the people in the shop who are retarded and blind. Since the foreman, no doubt, will not have the time to digest all the written material about the trainee, the rehabilitation teacher will have to help

understand his personnel and to learn to recognize the signs of frustration and how to deal with them. It may very well be necessary for the teacher to make repeated visits to the workshop to give support and guidance to the foreman. He will be working in much the same way as do the itinerant teachers in the schools.

2. The second phase could be called a WORK ACTIVITY CENTER. Persons would be transported to and from the center either by volunteer car pools or by agency buses and be given appropriate tasks to perform. Very skilled supervision will be necessary. Quality and quantity of production would be greatly determined by the ability of the worker.

For the first phase, a fair and just wage scale should be established; however, the second will, no doubt, need to be subsidized.

3. The third phase of the program would be a HOME WORK PROJECT. It is here, perhaps, that the rehabilitation teacher may be doing the most work. This part of the program involves the creation of a series of tasks that can be carried out in the home environment which will be helpful and yet not be a drain on the family's patience. These tasks may include such things as dusting, making beds, washing dishes, emptying waste baskets, taking out the trash cans, cooking, baking, folding and putting away laundry, getting a newspaper, and maybe even going to a nearby small store.

Involve Family in Training

It may be wise to have the teacher train the student to go to the store or to get a newspaper from the corner stand. For most of the projects inside the home, the teacher should try to involve the family in the training. This will help them to share in the feeling of success and they will be more likely to follow through with the projects when you are not there. Remember that each activity must be broken down into its several components. It is often difficult to break down a single task this way because we do things so automatically. I am sure that you will be surprised to learn that washing one's hands involves approximately 15 separate tasks. Usually with the retarded-blind person, once the routine has been established he will remember with very few or no cues. Of course, you will also have to help the family to understand their role as recipients of this service. Appreciation and praise and the feeling of importance will be stimulating for the young worker. I cannot stress too strongly the importance of incentives. Good instruction and appropriate incentives should produce maximum achievement.

The ideas that I most want to leave with you are these. Know yourself, and be flexible enough to change your program if change is warranted. Know your student. Find out what abilities he has and develop them to their fullest . . . But try not to insist that he use a talent that just is not there. Such a talent might be decision making. Keep tasks very simple and free from a lot of detail and judgment. But above all let him be himself. Accept the student and his personality as they are and try not to make them into what they cannot be. In other words, instead of asking, "why are you catching butterflies?", ask the question, "how many butterflies did you catch?"

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VOLUNTEER TRANSCRIBERS– THEIR ROLE AND THEIR CONTRIBUTION

By Mary S. Bradley

Happiness is the complete absorption in an avocation that satisfies soul.
(Sir William Osler.)

The Braille Department at The Canadian National Institute for the Blind, in its 14th year, might be described as a healthy teenager. It has a large appetite for work which is satisfied by requests from 200 students across the country (grade 3 to PH.D.) and persons in industry and the professions. There are 102 braillists, 42 of whom are on the 'A' list, i.e., who produce more than 20 volumes per year and 64 less active transcribers. This is, by far, the largest group in Canada and it bears the lion's share of the burden. There are several small groups elsewhere who braille for the National Library and fill local needs. It is our dream to have a well-trained group of transcribers in every university town across the country.

The group of volunteers based in the National Office of CNIB is directed by a Central Committee of seven. This committee is responsible for screening prospective braillists, teaching braille in classes at the Institute or by correspondence, assigning books and checking up on their progress and comforting braillists who are plagued by wayward dots. This year we have a proofreading class for six blind volunteers who are looking forward to contributing to the program. Three members of the committee prepared the definitive Canadian braille textbook for CNIB. This has proved to be of tremendous value.

The National Library at CNIB in Toronto is the central clearing house. Master copies of textbooks are bound and kept there. Thermoformed copies are sent to students. The one exception is a 13-volume Latin text which is kept carefully, unbound, because of its great popularity! Due to the efforts of volunteer transcribers, the student library is growing at a tremendous rate. In 1970, 2622 volumes, amounting to 220,516 pages, were sent to students; two hundred and ninety-five books were brailled.

The news media are very helpful in publicizing the need for volunteers. Some apply because of friends' enthusiasm.

The braille course consists of one 1½-hour class per week for six months. These classes are held at the Institute. At each class some time is spent "translating" sheets of braille. Two lessons are discussed at each session. Review work is done by means of specially geared sentences which are loaded with the current difficulties. Some of these are brailled orally in class. The rest are part of each week's homework. The exercises which go with each lesson consist of lines of print which, when brailled, correctly fit a 40-cell line. They give the student a guide to check for errors. The review sentences, which are of varying lengths, are the acid test of her knowledge.

Volunteers-in-training are expected to spend two hours a day on their homework and practice. This establishes good work habits. Their braille must be as nearly perfect as they can make it – no erasures are permitted during the course. We are passionately interested in providing our students with the best possible tools.

There is a test at the end of the course – 20 sentences and a short prose selection. There is great competition among the teachers as to whose students have the greatest number of perfect papers. Upon completion of 100 pages of braille, of which six consecutive pages are error-free, the transcriber is awarded a certificate.

The training program for volunteer transcribers started in 1958. It was planned to transcribe Canadian books or books about Canada that were unavailable elsewhere for the National Library. However, in a few years our fame had spread and requests for textbooks started to come in. This presented a tremendous challenge. We dusted off our knowledge of Latin and sciences and plunged in.

Last year we coped with: Algebra, Analysis, Arithmetic, Astrology, Biography, Biology, Calculus, Chemistry, Cookery, Diagrams, Drama, French, Geography, German, Grammar, Histology, History, Italian, Knitting, Latin, Law, Logic, Massage, Medicine, Mythology, Philosophy, Physics, Poetry, Religion, Sociology, Spanish and Trigonometry.

Some of the more unusual assignments over the years have included: Income Tax forms, a Spanish Dictionary for a bookmobile serving two universities, instructions for blind navigators in sports car rallies, descriptions of golf courses for the Blind Golfers' Association. One of the most nervewracking tasks was the transcription of directions for assembling ham radio equipment. Part of this read: "Do not join A to B or there will be an explosion." There was a consultation and double proofreading!

A volunteer brailles a news summary twice a week for deaf-blind persons.

With the cooperation of the Toronto Transportation Commission, a transcriber produced a braille map of the available public transportation which hangs in a subway station.

At present we are providing texts for two deaf-blind university students. This is a staggering load as professors tend to think in terms of sighted students who can "skim" a book in an evening. One professor suddenly took up the book listed as No. 10 in the third week of the course. When it was explained gently to him that the book in question would take an experienced braillist 90 hours of hard work to produce and so couldn't be done over the weekend, he said, "Oh my!" From then he very kindly took the books in the original scheduled order.

One transcriber is assigned to each deaf-blind student for lecture notes which are prepared by their tutors.

There are crises in all programs – ours is no exception. We have learned to cope with a rush order by means of the "split book." One of the teachers cuts up the book – a painful procedure for a book lover – and divides it into volumes. The next step is to find the requisite number of braillists with time and energy to do a volume at top speed. Each volume starts at page one, which dismays the perfectionists, but saves valuable time in collating. The teacher brailles a matched set of title pages which are then added as each volume reaches the Library. In this way even a long book can be produced in a few weeks.

We are fortunate in having a very dedicated group of volunteers. Braillers go with them to summer cottages, Bar Association meetings, medical conventions and on holidays abroad. In Antigua, one brailler was regarded by the customs officer as a possible mini-shipper of arms from Cuba! Braillists visiting the Isle of Skye found that the only possible place to braille was sitting on a cold radiator!

It is difficult to assess the contribution made by volunteer transcribers. It is equally difficult to assess the contribution this rewarding work makes to a transcriber's life. It *is* a two-way street. While we are providing the tools for our students, we are continuing our education. Even transcribing a dull book can be an exercise in patience! For those of us who love to read, it is a great joy to provide books for those who cannot step into a library or a book shop and pick up a novel or a textbook.

A blind girl who was getting grades of 66% was provided with braille texts and achieved 79% in a few months. A blind boy who was using a great deal of braille took top honors in the Grade 13 examinations in the Province of Ontario. He is now distinguishing himself at M.I.T.

The role of the volunteer transcriber is surely to contribute skill and energy and thus, in opening doors to a wider world, to help blind students achieve their potential.

SPECIAL FOREIGN CURRENCY PROGRAM OF THE SOCIAL AND REHABILITATION SERVICE: INTERNATIONAL RESEARCH AND DEMONSTRATIONS ON BLINDNESS

*By Martin E. McCavitt and Judith E. Turner**

Since 1961, the U.S. Department of Health, Education and Welfare has been helping to support a wide variety of types of rehabilitation research and demonstration projects in several countries outside the U.S. The focal point within the Department for administration of international programs in welfare and rehabilitation is the Division of International Activities of the Social and Rehabilitation Service (SRS).

The Division is engaged in a broad range of cooperative efforts with various foreign countries, including interchange of experts, training of foreign nationals in welfare and rehabilitation, preparation of position papers for use by the State Department and official U.S. delegations to the United Nations, as well as social and rehabilitation research and demonstration projects overseas. The nature and scope of these various activities were described by Mr. Joseph LaRocca in the 1967 issue of *Blindness.*

We will not attempt to report in this article on developments and progress since 1967 in all of the areas of international cooperation described previously. Our purpose here is to present comprehensive information on the completed, ongoing and proposed international projects relating to blindness and visual impairment, with particular emphasis on the outcome and findings of the projects which have completed their final reports. Before discussing specific projects, however, it may be useful to provide some general information on the purposes, philosophy and mode of operation of the international research and demonstration program of the SRS.

Program Goals, Philosophy and Accomplishments

International research and demonstration activities in rehabilitation are authorized by the Agricultural Trade, Development and Assistance Act of 1954, as amended, (P.L. 480) and the International Health Research Act of 1961 (P.L. 86-610). Projects are financed entirely with United States-owned foreign currencies accumulated in developing countries from the sale of U.S. agricultural commodities. Funds are available to the SRS for research and demonstration projects only in certain "excess currency countries," designated by the U.S. Treasury Department. These are countries where the supply of currencies set aside for U.S. uses has accumulated in excess of our primary requirements for expenditures in those countries.

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*The assistance of Richard Leclair, Assistant Chief, Division of International Activities, is acknowledged with appreciation.

Of the thirteen countries in which "excess currencies" have been available during the past ten years, eight are actively participating at present. These are: India, Israel, Morocco, Pakistan, Poland, Tunisia, U.A.R. (Egypt) and Yugoslavia. Projects have terminated in Brazil, Burma and Syria, and funds are no longer available to the SRS in those countries. Active projects are still underway in Ceylon, but no foreign currencies are available for new starts there. Guinea, in West Africa, recently became eligible to participate in the program, but to date no projects have been developed in that country.

The Special Foreign Currency Program in social welfare and rehabilitation offers outstanding opportunities to utilize available excess currencies for the benefit of mankind. The primary purpose of the program is to supplement and complement the domestic research and demonstration programs of the Social and Rehabilitation Service. In so doing, the SRS is able to assist the participating countries to identify and work toward the solution of rehabilitation and social problems similar to those which confront us in the United States. We are thus able to benefit from the progress being made in those countries, and to utilize the talents and energies of many capable researchers and practitioners overseas. In some cases, unique circumstances in the participating countries facilitate conduct of research which would not be possible in this country; in other instances, overseas research of high quality can be supported at much less cost than if it were conducted in the United States.

Many of the international projects have produced findings, rehabilitation methods, or assistive devices which have significant implications for rehabilitation work in the United States. A few examples from various fields include the following: development in Poland of techniques for immediate postoperative fitting of artificial legs; development in Yugoslavia of an artificial hand more similar to a human hand in both appearance and function than previous models; development in Israel of new materials and techniques for the fabrication of braces that are lighter, stronger, and more attractive than traditional metal devices; progress in Yugoslavia toward design of a peroneal brace which has great promise in rehabilitating hemiplegic patients; demonstration in India, Pakistan, Israel and Yugoslavia that the judicious use of exercise can be beneficial in reconditioning cardiac patients; new information in India on the effects of and indications for surgery in the treatment of nerve lesions from leprosy; demonstration in Israel of the effectiveness of a group milieu approach in rehabilitating mentally retarded workers.

The international projects on blindness have been more in the area of demonstration than research. Their accomplishments will be described specifically later in this paper. It is hoped that within the future, it will be possible to take advantage of the experiences of the past and to develop even more productive projects in blindness which will have direct implications for rehabilitation practice in the United States.

Within the framework of research or demonstration projects, it has been possible for the SRS to facilitate the provision of needed services to many handicapped or disadvantaged persons overseas. Direct benefits afforded to blind persons through projects in several countries will be described in this paper. Comparable services have also been provided to persons with handicaps resulting from orthopedic impairments, mental illness, mental retardation, speech and hearing disorders, neurological and neuromuscular disorders, chronic illness, and many other causes.

Another advantage of the program is the opportunity for scientist-to-scientist cooperation as a basis for improving international understanding. Rehabilitation of disabled and disadvantaged persons is a human concern which transcends political differences. Working together toward the solution of common problems can serve as a basis for the kind of cooperation and good will that is essential for social progress.

Interchange of Rehabilitation Scientists and Experts

An interchange of experts program is operated by the SRS in connection with the research and demonstration projects. Through this program, authorized by the International Health Research Act, project staff from the participating countries are brought to the U.S. and American experts are sent abroad to participate in and observe research and demonstration activities in their particular areas of interest. Visits of foreign scientists to the U.S. are generally arranged for a period of two to three months, with opportunities and experiences provided to disseminate findings and to obtain information and ideas that will strengthen the projects overseas. American experts who visit P.L. 480 countries in connection with the rehabilitation research and demonstration program are generally assigned for periods ranging from three weeks to three months.

In recent years, an increased effort has been made to relate each international project to a particular individual or group of researchers pursuing a similar area of study in the United States. The American consultant may be asked to visit the international project in the early stages of development, and possibly to make a follow-up visit at mid-term and prior to preparation of the final report. The foreign investigator may, in turn, spend a major portion of a visit in the U.S. working with the same group or person. The American expert serves as a technical consultant to a project, and as an advisor to SRS. The interchange program also facilitates rapid implementation of usable research findings.

Administration

Applications for social and rehabilitation research or demonstration projects may be submitted by qualified governmental and non-governmental non-profit agencies and institutions abroad. Prior to formal consideration by the Social and Rehabilitation Service, proposals must have approval of appropriate bodies of the government of the host country. In most participating countries, this involves clearance by the Ministry of Health, Labor, or Social Welfare and the Ministry of Finance. Some of the participating countries utilize special screening committees such as: The Coordinating Commission for the Polish-American Scientific Cooperation; the Federal Administration for International Technical Cooperation in Yugoslavia; the Rehabilitation Research Council in Israel; the Indian Council of Medical Research or the Standing Advisory Committee on Social Welfare Research in India; and others. Since the program is implemented with the assistance of the United States Embassy in each country, interested applicants may obtain information there on the appropriate application procedure to be followed.

Proposals are reviewed by staff of the International Division and are then referred to appropriate staff of other divisions of SRS, as well as to selected expert consultants in universities, hospitals, voluntary agencies and rehabilitation centers. Based on comments of reviewers, suggestions may be forwarded to the applicant on possible ways to strengthen the proposal from the standpoint of potential value to the U.S. and the participating country. A site visit by SRS staff or consultants may be recommended. During the review process, an effort is made to identify an American consultant who will assist the SRS by reviewing the progress of the project on a continuing basis, if approved, and by helping to identify, develop and disseminate findings of special significance to the U.S. Prior to final approval, an application must meet the requirements of the sponsoring institution, the foreign government, the expert reviewers, and the Social and Rehabilitation Service.

In the case of proposals relating to blindness, the advice of the Office for the Blind and the Visually Handicapped, Rehabilitation Services Administration, is obtained. Dr.

Douglas MacFarland, Director of that Division, has traveled to five of the seven countries in which blindness projects have been approved. The American Foundation for Overseas Blind (AFOB), both the New York and the regional offices, also assist the SRS in review, development and monitoring of international projects on blindness.

Wherever possible, the SRS attempts to coordinate its overseas program with the work of other organizations involved in international rehabilitation and related fields. In blindness, in addition to the AFOB, such organizations include the United Nations and its specialized agencies, the World Health Organization, the International Society for the Rehabilitation of the Disabled, the World Rehabilitation Fund, the World Council on Welfare of the Blind, the Royal Commonwealth Society for the Blind, the International Society for the Prevention of Blindness, and the International Eye Foundation.

Program Growth

As noted previously, in addition to the projects on blindness, the special foreign currency program of the Social and Rehabilitation Service includes many other types of projects related to its domestic mission and goals. Table A below indicates the total number of projects which have been approved in each country since 1961, listed by subject matter. A complete annotated list of these projects is available from the Division of International Activities, SRS.

The total foreign currency expenditure in support of these projects over the past ten years comes to the U.S. dollar equivalent of approximately $28 million. The appropriation history for fiscal years 1961-1971 is given in Table B.

Current Status of International Projects on Blindness

To date, twenty-one projects on blindness or visual impairment have been approved by the Social and Rehabilitation Service in seven different countries overseas. Fourteen of these have terminated, six of which have completed their final reports. The other final reports are in preparation. Seven projects on blindness are still active, two of which were just approved during the current calendar year. Several additional proposals are nearly ready for approval, including three in India and two in Yugoslavia.

Appendix I presents a complete listing of projects on blindness approved to date, with an indication of those which have final reports available. It will be noted that a large number of the completed projects were conducted in India, and presentation of some of their findings will constitute a considerable portion of this paper.

Prevention and Sight Restoration

Two SRS projects have used the mobile ophthalmological unit as a means to study the causes and extent of visual impairment in northern India. The Christian Medical College and Hospital, Ludhiana, and the Institute of Post-Graduate Medical Education and Research, Chandigarh, have taken their mobile teams into places where eye specialists are not available within a reasonable distance.

In addition to collecting statistical data for research purposes, the teams provide restorative, curative, preventive and rehabilitation services. The Ludhiana team, under the direction of Dr. Victor Rambo, provided successful cataract surgery to hundreds of persons, reporting that in well up to 97 percent of cataract patients, useful vision can be restored in a well-managed mobile eye clinic touring rural areas.

Table A

Projects Approved by the SRS Listed by Country and Subject Category

	Brazil	*Burma*	*Ceylon*	*India*	*Israel*	*Morocco*	*Pakistan*	*Poland*	*Tunisia*	*UAR*	*Yugoslavia*	*Syria*	*Sub-totals by Category*
Aging and Chronic Illnesses			1	3	6			3			4		17
Alcoholism								2			3		5
Burns and Leprosy				12	4		1			1			18
Cardiovascular Disorders				3	6		4	2	1	2	4		22
Community Planning and Social Welfare Policy				5	6					3	2		16
Family Life				1	3			1			1		6
General Rehabilitation	1	1	1	7	12		1			1	7		31
Mental Illness			1		1		2	2			2		8
Mental Retardation				3	5		2	3	1	1	1		16
Neurological and Neuro-muscular Disorders	1			7	7		3	2			2		22
Prosthetics and Orthotics	1		1	7	3	1	6	3		1	10		33
Respiratory Disorders							2				4		6
Speech and Hearing				4	2		1	2			5		14
Training and Employment of Social Workers				1	2		1						4
Visual Defects				9	3		2		1	3	2	1	21
Youth Welfare and Delinquency				6	7			4		1	8		26
Sub-Totals by Country	3	1	4	68	67	1	25	24	3	13	55	1	265

Table B

Appropriation History
Fiscal Years 1961 – 1971

Year	*Foreign Currency Equivalent Appropriation*
1961	930,000
1962	2,979,000
1963	2,000,000
1964	2,000,000
1965	2,000,000
1966	3,000,000
1967	4,500,000
1968	5,000,000
1969	5,000,000
1970	2,000,000
1971	4,000,000

The Ludhiana team survey of 19,484 persons living in 2,679 households in the dry belt of two states in northern India is reported by Dr. Samuel Franken and his associates. Using the Standard Classification of Causes of Blindness, the prevalence rate of blindness in the area surveyed is reported as 2.02 percent, much higher than that of most Western countries. In the younger age groups, the main causes of blindness were ophthalmia neonatorium, small-pox, and trauma. In older persons, cataract and simplex glaucoma were the primary causes of blindness. Trachoma sequelae were also found to play a major role in corneal blindness; the total prevalence of trachoma for the area surveyed was 76.4 percent. Cataract was reported to occur at an early age, with an over-all prevalence rate of 13.4 percent in persons above the age of 30 years. Most of the blindness found was both curable and preventable, thus underlining the urgent need for public health care, public education, and medical treatment services.

The Chandigarh project is still underway. Preliminary findings indicate that 75.8 percent of the blindness in the area surveyed so far is curable, and 24.2 percent incurable. Unoperated cataract constitutes the largest single factor contributing to bilateral blindness. One of the interesting aspects of the Chandigarh project is an effort to explore ways to provide rehabilitation services to villagers in their own homes to avoid the problems of dislocation and segregation of the blind.

The project in Ludhiana also experimented with a rehabilitation program for the blind in remote villages, carrying out this work in collaboration with the Government Block Development program. Services in orientation, mobility and personal care were provided to 235 blind villagers. In addition, another 34 blind clients received vocational training at the Christian Medical College rehabilitation department, in such areas as knitting, machine hosiery, weaving, chair caning, making of morahs (wicker stools), and poultry farming.

Another study of visual impairment has recently been completed by Dr. L. P. Agarwal and the staff of the National Society for the Prevention of Blindness, New Delhi, India. This project included efforts to train paramedical personnel to assist in the early detection of visual defects. Surveys were done of school children, university students, transport workers, industrial workers and villagers. Examinations were made by lady health visitors and technicians, with reliability checks by ophthalmic surgeons, and it was reported that the investigations were more than 98 percent accurate in all cases, except for visual field examinations, where the accuracy was recorded at 91.5 percent. This project also included a rehabilitation service, and a low vision aids clinic. Dr. Richard Hoover, Chief of Ophthalmology, Johns Hopkins University, has visited the Chandigarh and New Delhi projects, and assists SRS in the continuing review of progress of these projects.

The National Society for Prevention of Blindness conducted a Symposium on Prevention of Blindness in school-aged children in March 1970, attended by prominent

Surgery.

Examination.

ophthalmologists from various parts of India, as well as teachers and other workers in the field. The Minister for Education and Youth Services inaugurated the Symposium. Many important recommendations emerged on establishing a system for yearly eye examinations of school children, educating school teachers on early detection of visual defects, establishing mobile units to conduct eye examinations, and developing mass publicity programs on eye health. The proceedings of the symposium have been published and are available.

The great interest in India in investigating the incidence, prevalence and causes of blindness led in 1968 and 1969 to the submissions of several project proposals to SRS for research on this subject. It was suggested by reviewers that if future projects were to be supported relating to demography of blindness, it would enhance their value if comparative methodology were developed.

The Indian Council of Medical Research convened a meeting to discuss this subject in September 1969, which was attended by leading ophthalmologists, Government officials, and a team of staff and consultants from SRS. Included on the U.S. team were Dr. Richard Hoover, Chief of Ophthalmology, Greater Baltimore Medical Center, Johns Hopkins University; Dr. Hyman Goldstein, Associate Director, Research Division, Children's Bureau, D/HEW; Dr. Douglas MacFarland, Chief, Division of Services to the Blind, Rehabilitation Services Administration, SRS, D/HEW; Major D. R. Bridges, Director, Far East Regional Office, American Foundation for Overseas Blind; and Mr. Richard Leclair, Research Coordinator, Division of International Activities, SRS, D/HEW. As a result of the meeting, a common methodology was developed for a study of the incidence and prevalence of blindness. A cooperative project on this subject is now being supported by the Indian Council of Medical Research. It is anticipated in one instance that the cases located by the ICMR-supported study will serve as a source of potential clients for a new SRS-supported project dealing with low-vision aids and rehabilitation of the partially sighted.

Research on Ocular Complications of Diabetes

At the Jinnah Post-Graduate Medical Center in Karachi, Pakistan, Dr. T. Kirmani and his associates are in the second year of a four-year project to investigate the ocular complications of diabetes mellitus, especially in relation to cataract formation and retinal vascular complications. The project will attempt to control early cataract formation in diabetics through changes in diet patterns. Evaluations will be done of the results of cataract extraction in controlled diabetic patients before hypermaturity of cataracts or ocular vascular complications can occur, and comparisons will be made of cataract operations in diabetes with normal cataract operations performed under the same circumstances and by the same surgical staff. Dr. Kirmani recently visited the U.S. to consult with his counterparts. During the visit, he presented a paper on ocular complications of diabetes at the Association of Research in Vision Conference in Sarasota, Florida.

Projects on Vocational Training and Placement

Several international projects have been directed toward opening new employment opportunities for the blind in industry and toward development of effective training techniques. The Ministry of Social Welfare in Israel conducted two significant projects of this type, the first on training blind workers for employment in the textile industry, and the second on training and employment of visually handicapped persons as data processing machine operators. Both projects are fully described in the 1966 edition of

Blindness, in an article by Berthold Lowenfeld, Ph.D., who visited Israel under the Interchange of Experts Program.

The textiles project was conducted in cooperation with the Textile Section of the Israel Institute of Productivity. In the course of the project, thirty blind and partially-sighted persons were trained in yarn winding and were placed in factories. The final report, in the form of a manual intended primarily for instructors, gives both theoretical and practical aspects of a complete instruction program for training blind persons in yarn winding, using the type of winding equipment most commonly found in Israeli spinning mills.

This project developed training methods and techniques which are also applicable to textile mills in the United States, even though more automated equipment is involved here. A number of blind individuals have been placed in cone-winding operations in spinning plants in Alabama, Georgia, Tennessee and other southern states.

The Israeli project on training the blind in data processing operations was conducted by the Ministry of Social Welfare in cooperation with the Office of Mechanization Centre of the Ministry of Finance, the Educational Department of the IBM World Trade Corporation (Israel Branch), and the Jewish Institute for the Blind. The training program and methods are extensively described in a series of reports submitted to the Social and Rehabilitation Service. The project was quite successful in demonstrating the capabilities of the blind in an expanding area of employment in Israel. It is reported that during the period of the grant, 100 blind persons were trained in data processing work.

A Symposium on Integration of the Blind in Data Processing Installations was held at the Jewish Institute for the Blind in Jerusalem in 1967, in cooperation with the Information Processing Association of Israel. Participants included top officials and staff from the Government Office Mechanization Center, the Ministry of Social Welfare, the Jewish Institute for the Blind, and International Business Machines.

Industrial Training of the Blind in India and Pakistan

Five demonstration projects have been supported in India and Pakistan with the primary purpose of developing methods to train and place the blind in industrial occupations. In India, grants for projects of this type have been made to the Ramakrishna Mission, Calcutta; the Worli Workshop for the Blind, Bombay; The Government School for the Blind, Madras; and the Blind Relief Association, New Delhi. In Pakistan, a similar project has been undertaken by the Adult Blind Centre in Karachi.

These projects represent pioneering efforts in the rehabilitation of the blind in India and Pakistan, where prior to their inception, vocational training of the blind had been largely confined to the traditional trades of basketry, weaving, bookbinding, and in some instances music. Rehabilitation workshops organized along commercial lines and incorporating sub-contract work, and training in industrial occupations such as light engineering, had not been tried on any appreciable scale.

The methods, goals and problems of these projects are similar to those of a rehabilitation workshop for the blind in the United States, as has been pointed out by SRS staff and consultants who have visited the projects. Mr. George Parks, Executive Director, Maryland Workshop for the Blind, spent a period of three weeks in 1968 consulting with the Adult Blind Center in Karachi, and also visited the Workshop for the Blind in Bombay.

The duration of training in these projects has varied from six months to two years, which ordinarily includes orientation and mobility, prevocational evaluation and adjustment training, as well as skill training. Some of the projects have also established sub-contract workshops, where clients may be employed after completion of training while awaiting placement, or for short periods when they are unemployed because of lay-offs or other problems.

The experience and findings of the project at the Workshop for the Blind, Bombay, are well described by Captain H. Desai and Lt. G. L. Nardekar in the final project report. This project provided prevocational rehabilitation services and skill training in an industrial section, a sub-contract work section and/or a light engineering section to a total of 237 blind men between the ages of 18 and 40. It is reported that 91 persons were placed in competitive employment, receiving wages equal to their sighted co-workers doing similar jobs. For the most part, the placed workers were found to be well integrated into their communities.

At the termination of the project, 106 clients were still in the program, 69 residential workers and 37 day workers. The training and rehabilitation program is continuing, with local support. The rehabilitation workshop is well established, and well equipped for training blind workers to operate power-driven machines. The project has demonstrated that even in a country with relatively high unemployment rates, properly selected blind men can be trained and placed in competitive employment in a range of industrial occupations.

Placement and the maintenance of an effective follow-up program present the greatest challenge and areas to which the greatest attention must be directed for the future. This is brought out in the project report, which stresses the importance of a frequent follow-up, particularly during the first three months after placement. The report also underlines the importance of keeping clients in contact with their families during the training period, pointing out that hostels attached to training facilities may have disadvantages in this respect. The report further recommends that the training and production functions of a rehabilitation workshop be kept separate so that goals for each client will remain clearly in focus.

Blind trainees at the Worli Workshop in Bombay.

Plans are now underway to develop a new demonstration project in Bombay to meet the rehabilitation needs of the more highly educated blind population. The new proposal is intended to make maximum use of community resources by integrating blind high school graduates into regular community facilities for technical, professional and academic training.

The projects relating to blindness in Pakistan and India are carried out with close cooperation and assistance of the Far East Regional Office of the American Foundation for the Overseas Blind (AFOB). Major D. R. Bridges, Director, and his staff located in Kuala Lumpur, Malaysia, assist in the development of project protocols and in the monitoring of ongoing projects. Training has been provided by the AFOB in Kuala Lumpur for industrial instructors, orientation and mobility instructors, and placement officers of the projects. In November 1969, the AFOB, in cooperation with the Blind Relief Association, New Delhi, and the SRS, held a workshop on orientation and mobility, which was attended by staff from several SRS projects in India and Pakistan.

The Kuala Lumpur office has also developed vocational evaluation methods particularly adapted to Asian conditions, and is providing assistance to project staff in this area. Recently, AFOB commissioned Dr. Hilde Groth, an engineering psychologist from the University of Southern California, to do a study of the vocational evaluation exercises which were part of the industrial training program in Kuala Lumpur. Preliminary results of the study are reported to be encouraging, and a "Manual for Motor Skills Training for Industrial Placement of Blind Workers in Malaysia" will provide a basis for future training of industrial instructors of the blind in other Asian countries.

Research on Vocational Aptitudes and Adjustment of the Blind in Yugoslavia

A recently-completed research project at the High School for Defectology, University of Zagreb, examined 45 independent variables and their relationships to three indices of successful vocational rehabiliation of the blind. These indices were social and psychological integration, work performance, and attitudes of sighted persons toward the blind. The survey included 164 competitively employed blind persons, and 574 sighted persons working in 150 different organizations.

Preliminary reports indicate that blind men were found to be more successful than women; and congenitally blind people and those who lost their sight after the age of 20 were found to be more successful than those with onset of blindness between the ages of ten and 20; on all three indices of rehabilitation success. Also, the totally blind were found to be better integrated into society than those clients who had residual sight up to the limit of legal blindness.

Other findings of the project support the importance of early consideration to rehabilitation, even in elementary school; the need to prepare blind persons for dealing with the sighted and the sighted with the blind; and the advantages of providing integrated primary and secondary school education for the blind. The full findings and their implications will be available in the final report, soon to be published.

Another project on blindness in Yugoslavia was designed to apply and further develop the findings of a U.S. project at Georgetown University through which blind persons were trained as language teachers, transcribers or translators. Dr. Petar Guberina of the Center for the Rehabilitation of Speech and Hearing in Zagreb, investigated whether language speech sounds presented through limited frequency band widths would facilitate the acquisition of rhythm and intonation patterns of foreign languages by blind persons, and whether the acquisition of such patterns significantly increases ability to learn foreign languages.

Dr. Guberina had previously conducted a significant project on auditory training of profoundly deaf persons. Through this project he developed the verbo-tonal method of instruction, now being applied, tested and modified in several centers in the United States and various European countries.

Israeli Project on Orientation and Mobility

An investigation of orientation and mobility for the born blind as compared with the adventitiously blind was carried out by the Institute for Orientation and Mobility of the Blind, Tel Aviv University, under Dr. Rudolphina Menzel. The Institute, which teaches mobility with both the cane and guide dog, arranged for investigators with experience in mobility training to evaluate orientation and mobility skills of 367 totally blind clients. The findings indicate that the congenitally blind have a better chance to accept limitations and make an early adaptation to blindness, and are somewhat more likely to be highly motivated toward attaining mobility skills than the adventitiously blind. Whether blindness was congenital or adventitious, however, was not alone felt to be decisive. A strong correlation was found between motivation and mobility, and some highly motivated clients had achieved good mobility even without formal training. The importance of early mobility training was emphasized in the final report.

Rehabilitation of the Rural Blind

One of the areas of great importance to the welfare of the blind on a world-wide basis is rehabilitation of the rural blind. A United Nations report published in 1965 has estimated the total number of blind persons living in rural areas and possibly able to be

Dr. Rudolphina Menzel assists an orientation and mobility instructor.

employed in rural work as 2,138,772.[1] The need for rural and agricultural training for the blind has been recognized in recent conferences of the World Assembly of the World Council for the Welfare of the Blind, as well. Resolutions of the past two sessions have stressed the urgent need for model agricultural rehabilitation projects, and land for the landless blind.

This is an area on which several of the SRS projects have focused their attention. Three demonstration projects have been supported for rehabilitating blind men in agricultural occupations and resettling them in rural areas, one project in India, one in U.A.R. (Egypt), and one in Syria. Exchange of ideas among these projects has been encouraged through the interchange of experts, an Indian expert traveling to Syria, and an Egyptian expert visiting the Indian project.

On the basis of reports, site visits, and other information, it can be stated that all three projects have achieved considerable success in analyzing the many diverse tasks connected with farming, and in evolving training and work methods for the blind. The training programs in these centers last from one to two years, which include personal adjustment, orientation and mobility, and agricultural and craft training. An effort is made by each center to adapt training techniques to the conditions in the environments to which the men are expected to return.

These three projects have effectively demonstrated that the blind can be successfully trained for a wide range of agricultural and rural pursuits. Resettlement has been difficult, due to problems in securing adequate land and a base of operation for landless farmers, and the necessity to recast family and community attitudes to permit acceptance of the blind.

The Egyptian project has been assisted in resettlement by the provision of a grant of five acres of land from the Government to each graduate of the training center. In India, a rural cooperative has been established near the training center, where blind persons live and till their own fields. Blind persons without family ties may make the cooperative their permanent home.

The project at the Tata Agricultural and Rural Training Center for the Blind, Phansa, Gujurat, India, has terminated, and a final report of the work has been submitted by the National Association for the Blind.

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[1] *Training of the Rural Blind in Economically Less Developed Areas*, Department of Economic and Social Affairs, United Nations, New York, 1965.

Agricultural Training and Resettlement in India

Poultry innoculation.

Learning to make bricks for building a hut.

Resettled trainee talks with a friend.

Resting inside his hut in the company of his son.

A blind farmer's family helps him weed the crops.

Mending the hut with dung and clay.

Harvesting the crops.

Independent mobility.

The training program was carried out on a large farm donated to the National Association for the Blind by a private trust within India. Blind clients were trained to work side by side with sighted laborers during a training period which lasted from one to two years. A resettlement officer helped the client to plan whether to return to his family unit or to become a part of the farming cooperative. Since termination of the SRS grant, the work is continuing with support from other sources.

Information is given in the report on 100 of the resettled clients studied in 1967 and again in 1969. One client died in the interim; 68 were still working at a full-time rural occupation; 23 were working at a part-time occupation and/or odd jobs; and eight were idle. The necessity of a more extensive and intensive follow-up program is pointed out, although this was made difficult by the fact that the trainees had been drawn from and resettled in many distant parts of India.

Based on the experience of previous rural training projects in Egypt and elsewhere, a new research and demonstration project has been planned, to be carried out by the Ministry of Social Affairs, Cairo, U.A.R. (Egypt). The rural training program established under the previous project will be continued, but for each new trainee who comes to the center, another trainee will be selected to receive rehabilitation training in his own village under an itinerant training program to be developed. Insofar as possible, pairs of students will be matched according to age, intelligence, family structure, socio-economic background, and other significant variables.

Comparison of the residential and the itinerant program will be made on such factors as time required for training students, adjustment of trainees to their work and their communities following training, acceptance by the family, cost of training students by each method. Another aspect of this project will be an evaluation and follow-up study of the sixty blind individuals who were trained by the previous project and are now working in their own villages. It is hoped that the results of this recently-approved project will contribute much information that will be useful in planning effective rural rehabilitation programs in the future.

Demonstration Optical Aids Clinics

As in the domestic research and demonstration program, optical aids for the partially sighted have been a major area of interest. The aforementioned project conducted by the National Society for Prevention of Blindness, New Delhi, included an optical aids clinic, as did one other project in India and one at the Institute of Ophthalmology, Ministry of Scientific Research, Cairo, U.A.R.

In 1966, the Madurai Medical College in South India sponsored a Low Vision Aids Seminar, led by Dr. G. Venkataswamy. Some of the ophthalmologists from various parts of India who attended the seminar have now started optical aids clinics. Dr. George Hellinger, an Optometrist in charge of the Low Vision Service of the Industrial Home for the Blind, New York, participated in the seminar and has provided consultation to all of the SRS optical aids projects, visiting India and Israel in 1966, and making a follow-up visit to India and an initial visit to the U.A.R. (Egypt) in February 1971.

Dr. L. P. Agarwal and Dr. V. K. Dada of the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi, have visited the U.S. under the interchange of experts program, with Dr. Dada concentrating primarily on low vision aids. A new demonstration project is now being planned to evaluate the effectiveness of low vision aids and contact lenses under Indian conditions, and to develop procedures and methods to increase

Rural Training in the Middle East

Damascus, Syria

Cutting alfalfa for dairy cattle.

Digging holes for tree planting.

Cairo, U.A.R. (Egypt)

Poultry farming.

Tilling the fields.

Tending the sheep.

Low Vision Aids Seminar at Madurai. Ophthalmologists participating in the Seminar engaged in discussion with Dr. George O. Hellinger.

Wing of audience.

utilization of and benefit from the aids. Dr. Richard Hoover and Dr. Hellinger have assisted in the development of this proposal.

The final report of the low vision clinic conducted by Dr. Venkataswamy in Madurai indicates that 3,481 partially sighted individuals were treated during the five-year project period, with about 75 percent of the cases showing improved vision as a result of the aids. The report emphasizes that when selecting clients for low vision aids, in addition to the nature of the eye pathology, consideration must be given to the patient's age, intelligence, motivation, and other psychosocial factors.

The low vision aids clinic in Madurai functioned as part of a larger project which included a Pilot Demonstration Rehabilitation Center for the Blind. The final report indicates that during the project period, 116 blind men and women completed the eight to ten month rehabilitation program which included orientation and mobility, personal adjustment, communication skills, and vocational training in such trades as weaving, tailoring and cane work. Ten of the trainees were placed in open industry; 52 were given employment at a separate work unit attached to the training center, pending placement in open industry; and a follow-up of the remaining 54 clients is in process. Major obstacles to outside placement were the high unemployment rates prevailing in South India even among the sighted, the reluctance of employers to hire the blind, and traditional attitudes among the blind themselves that blindness means legitimate dependency on others.

This project was particularly effective in educating the public about the abilities of the blind for gainful employment. Government officials of Tamil Nadu State were convinced of the importance of rehabilitation, and a decision was made to continue the work of the center on a permanent basis, by making the center a Government Institution. This represents the first state-operated rehabilitation center for the blind in all of India.

The final report of this project contains many worthwhile recommendations for the development of future rehabilitation programs, particularly in developing countries. Specific needs which have been identified in the report include the following: training programs for rehabilitation personnel, particularly orientation and mobility instructors; more public education to change attitudes of the sighted and the blind toward the potential of blind persons; separate rehabilitation programs tailored to meet the needs of the rural and urban blind; better methods to distinguish blind persons motivated toward vocational training from those who primarily seek asylum; alternatives to competitive employment as a rehabilitation goal for the rural blind; establishment of additional low vision aids clinics.

Delivery of Services to Rural Areas

The final year of the Madurai project included a special study of the rural blind, in an effort to determine the feasibility of an outreach rehabilitation program designed to assist the blind person to become a more useful contributing member of the family unit, as an alternative to the goal of total independence and self-support from a particular trade. A new project on delivery of rehabilitation services to the blind living in rural areas is being planned, on the basis of the findings of the study. The new project will attempt to train a new type of rehabilitation worker, who can take needed services to blind clients in their villages, rather than separating them from their families and bringing them to a training center.

Rehabilitation of the Blind in Tunisia

A new demonstration project to develop and evaluate training techniques for the employment of blind persons has just been approved to be conducted by the Ministry of Social Affairs and the Tunisian National Union for the Blind. This project, to be directed by Mr. Mohamed Rajhi, will endeavor to establish a workable system for the blind, utilizing all available services in Tunisia. The Association has already established a program of primary and secondary education, vocational training and agricultural training for blind persons in Tunisia. This project will go beyond the previous services, in attempting to integrate rehabilitated blind men and women back into sighted society. A comparison will be made of the methods and services needed to train persons who became blind after receiving elementary and secondary schooling with those who were blind at birth and have graduated from schools for the blind.

Directions for Future International Research in Blindness

As the preceding pages indicate, the SRS projects on blindness sponsored so far have made worthwhile contributions to advancing the cause of rehabilitation of the blind. These contributions have included the provision of needed services within particular localities, demonstrations in new settings of feasibility of rehabilitation of the blind, stimulation of increasing efforts toward rehabilitation both in the public and the private sector, identification of specific obstacles to rehabilitation and progress toward overcoming such problems, acquisition of needed information, and development of improved services based on these findings and experiences.

Mention has already been made of plans for future projects in India on low vision aids, delivery of rehabilitation services to rural areas, and integration of blind persons into sighted society through the use of integrated vocational, academic and technical training. Two new projects in Yugoslavia are also being planned, one on rehabilitation of the partially sighted, and one to develop an electronic reading machine for the blind. These new projects will build upon experience of the past, and are expected to contribute even more significantly than the previous projects to advancement of the field.

It is hoped that within the near future, meaningful projects relating to blindness will also be developed in P.L. 480 countries which have not so far conducted research in this field. This would include Guinea, Morocco, and Poland. The SRS will continue to seek out capable workers for the blind in all of the participating countries, and endeavor to bring them into contact with colleagues in the United States in the hope of developing mutually beneficial research, of potential significance here, as well as overseas.

Where possible and desirable, the SRS is interested in developing cooperative multi-national research and demonstration projects which will permit useful comparisons of findings and exchange of ideas.

This approach is being attempted in other fields such as prosthetics and orthotics and rehabilitation of coronary patients, and appears to be quite promising.

It should be mentioned that the accomplishments to date in the international program in blindness have required the combined efforts of many individuals and agencies in the United States and the participating countries. The program could not be conducted without the vital cooperation of the Ministries of Health and/or Social Welfare of the foreign governments, as well as the assistance of the U.S. Department of State and the American Embassies in the participating countries. The assistance and interest of American workers for the blind has been of immense help to the Division of International Activities from the standpoint of program management and research utilization. Also invaluable has been the willingness of rehabilitation agencies, facilities, workshops, medical centers and universities in the United States to provide opportunities for foreign colleagues to participate in and observe clinical and research activities. Most importantly, the accomplishments have been a result of the ability, inspiration, and persistence of workers for the blind in the participating countries. The Social and Rehabilitation Service is grateful to have a role in bringing all of these energies and resources together to work toward the goal of restoring blind persons throughout the world to their full measure of dignity and independence.

SPECIAL FOREIGN CURRENCY PROGRAM OF THE SOCIAL AND REHABILITATION SERVICE: INTERNATIONAL RESEARCH AND DEMONSTRATIONS ON BLINDNESS

Listed by Project Number, Institution, Principal Investigator (s) and Title

INDIA

VRA-IND-1-64* 3/64 – 8/69	Ramakrishna Mission Ashrama District 24 Parganas West Bengal, India (Swami Lokeswarananda)	To Investigate Training and Placement Techniques for Rehabilitating Blind Persons into Competitive Employment.
VRA-IND-5-64* 5/64 – 5/71	The National Society for the Prevention of Blindness All-India Institute of Medical Sciences, Ansari Nagar New Delhi 16, India (Dr. L. P. Agarwal)	To Develop and Evaluate a Program for Early Detection of Visual Defects.
VRA-IND-6-63** 5/63 – 5/69	The National Association for the Blind, Jehangir Wadia Building 51, Mahatma Gandhi Road Fort Bombay 1, India (Lt. G. L. Nardekar and Capt. H. J. Desai)	To Investigate Rehabilitation Workshop Methods Which Will Foster the Absorption of Blind Workers into Open Competitive Employment.
VRA-IND-8-61** 6/61 – 12/69	The Tata Agricultural and Rural Training Center for the Blind Jehangir Wadia Building Mahatma Gandhi Road Fort Bombay, India (Capt. H. J. Desai, Mr. F. Moos and Shri Shantilal Shah)	To Develop Methods of Rehabilitating the Blind as Farmers and Handicraft Workers and Re-Settling Them in the Villages in India.
VRA-IND-11-64** 6/64 – 6/69	Christian Medical College and Brown Memorial Hospital Ludhiana, Punjab, India (Dr. Victor C. Rambo and Dr. S. Franken)	To Establish a Research and Demonstration Project, Including the Operation of a Mobile Ophthalmological Unit to Provide Intensive Ophthalmological and Other Rehabilitation Services to People With Serious Sight Impairments.
VRA-IND-20-65* 5/67 – 4/71	School for the Blind Poonamallee Madras 56, India (Mr. B. A. Nandagopaul)	To Investigate Methods for Rehabilitating Blind People for Employment in "Industrial Estates" in South India.
19-P-58132-F-01 3/67 – 2/72	The Blind Relief Association Kitchlew Road, P.O. Nizamuddlin New Delhi, India (Dr. (Mrs.) Durgabai Deshmukh)	To Establish a Technical Training Center and Sub-Contract Workshop for the Blind.

19-P-58135-F-01 4/68 – 3/72	Institute of Postgraduate Medical Education and Research Chandigarh, India (Dr. I. S. Jain)	To Establish a Pilot Rehabilitation Center, Including a Mobile Ophthalmological Unit for Persons Disabled by Eye Disorders.

ISRAEL

VRA-ISR-2-61** 5/61 – 4/67	Ministry of Social Welfare Jerusalem, Israel (Mrs. H. Kahn and R. Wejeman-Calmanach)	To Experiment with Methods of Training the Blind in Cone Winding, Cotton Spinning and Weft Winding Cotton Weaving.
VRA-ISR-13-64** 9/63 – 12/69	Foreign Relations Division Ministry of Social Welfare Jerusalem, Israel (Mr. Dov Chevion and Mrs. H. Kahn)	To Develop a Training Program for the Blind, Partially Sighted and Otherwise Handicapped Persons as Data Processing Machine Operators.
VRA-ISR-14-64** 12/63 – 11/68	Institute for Orientation and Mobility of the Blind Kirait Haim, Israel (Professor Rudolphina Menzel)	To Study and Evaluate the Importance of Orientation and Mobility in the Rehabilitation of the Blind with Special Reference to the Fundamental Differences between the Born Blind and Newly Blinded.

PAKISTAN

19-P-58241-F-01* 8/65 – 8/71	The Adult Blind Center 36/3 Love Lane, Garden East Karachi 3, Pakistan (Begum M. H. Tyabji)	To Develop Rehabilitation Methods and Techniques for the Training of Blind Adults for Competitive Employment.
19-P-58251-F-01 5/69 – 5/74	Jinnah Postgraduate Medical Center Karachi 35, Pakistan (Dr. Taj H. Kirmani)	To Investigate Ocular Complications of Diabetes.

TUNISIA

19-P-58370-F-01 Three years	Tunisian National Union for the Blind (U.N.A.T.) 21 Avenue Bab Benat Tunis, Tunisia (Mr. Mohamed Rajhi)	Developing and Evaluating Training Techniques for the Employment of Adventitiously Blinded Individuals.

UAR – EGYPT

VRA-UAR-2-65* 3/65 – 12/70	Ministry of Social Affairs Cairo, United Arab Republic (Dr. Salah-El-Den El Hommosani)	To Develop an Experimental Program the Rehabilitation of the Blind in Their Villages and in Rural Areas of the U.A.R.
VRA-UAR-4-65* 3/65 – 12/70	Institute of Ophthalmology Ministry of Scientific Research Cairo, United Arab Republic (Dr. Abd-El Mohsen Soliman)	To Establish an Optical Aids Clinic in the Demonstration Center for the Blind in Zeiton.
19-P-58019-F-01 Three years	Ministry of Social Affairs, Cairo, U.A.R., and Al Marg Center for Rehabilitation of the Blind (Dr. Salah El Hommosani)	Evaluation of Various Techniques for Delivering Rehabilitation Services to the Rural Blind.

SYRIA

OVR-SYR-1-63 1/63 – 4/68	Syrian Foundation for the Blind Damascus, Syrian Arab Republic (Mr. Faez Chalati)	To Establish an Experimental Agricultural-Vocational Center for the Rehabilitation of Blind Persons from Rural Areas.

YUGOSLAVIA

SRS-YUGO-17-68* 4/68 – 10/70	High School for Defectology University of Zagreb Kuslanova No. 59/a Zagreb, Yugoslavia (Dr. Vladimir Stancic)	To Study Factors Affecting the Social and Psychological Integration of the Blind into the Normal Working Environment.
SRS-YUGO-20-68* 4/68 – 10/69	Center for the Rehabilitation of Speech and Hearing Senora 34 Zagreb, Yugoslavia (Dr. Petar Guberina)	To Study the Sensitivity of the Blind for Rhythm and Intonation When Learning Foreign Languages.

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*Project has terminated, and the final report is in preparation.

**Final project report has been completed. Persons interested in obtaining a copy should write the grantee directly, with an information copy to the Chief, Division of International Activities, Social and Rehabilitation Service, Department of Health, Education and Welfare, Washington, D. C. 20201.

U.S. GOVERNMENT SPONSORED RESEARCH TO STUDY BLINDNESS-1971 SUPPLEMENT

SOCIAL AND REHABILITATION SERVICE

Numbering

Readers who are familiar with the type of SRS project number used in previous years will find a difference this year. Projects that were completed before July 1, 1970, retain their original numbers, but those that were still active on that date or were funded later have been assigned new numbers by the Division of Project Grants Administration.

The new numbering system developed by the Division of Project Grants Administration consists of (1) a two-digit numerical program identifier code; (2) the capital letter "p" as a constant in all cases; (3) a five-digit sequential numerical control to identify each grant; (4) a number corresponding to the SRS region in which the grantee institution is located; and (5) a number to relate the transaction to a particular year in the project period.

Because of limited space the new project numbers used in this publication include only the digits essential for project identification.

However, readers of BLINDNESS ANNUALS will doubtless find the most convenient means of identification will be the DSB number, assigned by the Office for the Blind and Visually Disabled for the convenience of the field of work for the blind.

Research Information System

Final and special reports from all Social and Rehabilitation Service funded research and demonstration projects are being abstracted and indexed toward an eventual SRS Research Information System. The beginning system will be field tested throughout 1971 and is not yet ready for formal use. However, abstracts of reports concerning blindness are being collected by the Rehabilitation Services Administration and certain of these can be obtained by contacting the Office for the Blind and Visually Handicapped, RSA, HEW.

In addition by September 1971 complete reports of SRS research funded projects will be available for purchase from the National Technical Information Service, U.S. Department of Commerce, Springfield, Virginia, 22151. Prices effective June 1, 1971 are; $3.00 per copy and $0.95 per microfilm copy of each report. Research reports are no longer stocked by the Social and Rehabilitation Service.

FINAL REPORTS RESULTING FROM PROJECTS LISTED IN PREVIOUS ANNUALS

RD-1843 (DSB-133)

Grantee Agency: Division of Vocational Rehabilitation
State Department of Education
2100 Guilford Avenue
Baltimore, Maryland 21218

Final Report: Keller, George. *A Mobility Project with Blind Public School Students and Other Selected Rehabilitation Clients.* Unpublished Final Report, 1970.

RD-1956 (DSB-140)

Grantee Agency: Minneapolis Society for the Blind
1936 Lyndale Avenue
S. Minneapolis, Minnesota 55411

Final Report: Satterback, Melvin; Sineps, John Ph.D. and Relaford, Raymond. *The Relocation of Blind Persons from a Residential Home for the Blind and the Development of Specialized Community Services for the Older Visually Handicapped Population.* Unpublished Final Report. 1970.

RD-2472 (DSB-158)

Grantee Agency: National Industries for the Blind
50 West 44th Street
New York, New York 10036

Final Report: Richterman, Harold. *Development of a Sheltered Workshop Laboratory to Serve Agencies for the Blind.* Unpublished Final Report, 1970.

RD-2480 (DSB-160)

Grantee Agency: Catholic Guild for All the Blind
770 Centre Street
Newton, Massachusetts 02185

Final Report: Johnston, Lee. *The Work of Dr. T. E. Caulfield, M.D.* Unpublished Final Report. 1970.

RD-2563 (DSB-165) New Number 55174+5

Grantee Agency: Department of Children and Family Services
Illinois Visually Handicapped Institute
1151 South Wood Street
Chicago, Illinois

Final Report: Siegel, Irwin M. and Murphy, Thomas J. *Post Determinants in the Blind.* Unpublished Final Report. 1970.

RD-2912 (DSB-175)

Grantee Agency: American Foundation for the Blind
15 West 16th Street
New York, New York 10011

Final Report: Vorkees, Arthur L. and Barnhart, Robert H. *The Training and Placement of Blind Persons in Service Jobs in Hospital Seetings.* Published Final Report 1970.

SOCIAL AND REHABILITATION SERVICE PROJECTS NOT PREVIOUSLY LISTED IN BLINDNESS ANNUALS

RD-2798 (DSB-184) New Number 55242+7 (pilot)
Title of Project: Computer Displays as Occupational Aids for Blind Non-Computer Professionals
Grantee Agency: University of Kansas
514 Park Hill Terrace
Lawrence, Kansas
Project Director: Charles Hallenbeck, Ph.D.
Interest Category: Equipment
Dates of Project: March 1, 1970 – August 31, 1971
Final Report:
Cost: $14,162

RD-3109 (DSB-185) New Number 55282+9
Title of Project: Tactile Television System
Grantee Agency: Institute of Medical Sciences
2340 Clay Street
San Francisco, California 94115
Project Director: Paul Bach-y-Rita, M.D.
Interest Category: Equipment
Dates of Project: 1969-5 years
Final Report:
Cost: $75,00

RD-3206 (DSB-186) New Number 55285+9
Title of Project: T.V. Systems which aid the Visually Handicapped
Grantee Agency: The Rand Corporation
Santa Monica, California 90406
Project Director: Samuel M. Genensky, Ph.D.
Dates of Project: 1969-3 years
Final Report:
Cost: $65,715

RD-3422 (DSB-187) New Number 55237+6
Title of Project: Effect of Photocoagulation on Diabetic Retinopathy
Grantee Agency: Southwest Eye Foundation
Houston, Texas
Project Director: Alice McPherson, M.D.
Interest Category: Pre-vocational-processes
Dates of Project: 1970
Final Report:
Cost: $40,000

Code of Interest Category: I, Vocational; II-A, Prevocational-Centers; II-B, Prevocational Processes – II-C, Prevocational-Processes-Optical Aids; II-D, Testing; III, Equipment; IV, Personnel.

RD-3445 (DSB-188)
Title of Project: Development and Application of Intelligence
Tests for the Blind: a Research Utilization Conference.

Grantee Agency: Division for Exceptional Children
University of Georgia
Athens, Georgia 30601

Interest Category: Pre-vocational-testing

Dates of Project: June 1, 1970 – May 31, 1971

Cost: $20,741

RD-3450 (DSB-189) New Number 55016+1
Title of Project: Development and Demonstration of Communication
Systems for the Blind, Multiply Handicapped
Blind, and Visually Impaired

Grantee Agency: Massachusetts Institute of Technology
Cambridge, Massachusetts 01020

Project Director: Vito A Proscia

Interest Category: Equipment

Dates of Project: 1970

Final Report:
Cost: $93,041

RD-3511 (DBS-190) New Number 55199+5
Title of Project: Evaluation of the Ultrasonic Binaural Sensor

Grantee Agency: Western Michigan University, Institute of Blind
Rehabilitation Special Education
Kalamazoo, Michigan 49001

Project Director: Mr. Donald Blasch

Interest Category Equipment

Dates of Project: 1970

Final Report:

Cost: $18,177

RD-3512 (DBS-191) New Number 55186+5
Title of Project: Evaluation of the Ultrasonic Binaural Sensor

Grantee Agency: Department of Children and Family Services, Room 404,
New State Office Building, Springfield, Illinois 60612

Project Director: Mr. Thomas J. Murphy

Interest Category: Equipment

Dates of Project: 1970

Final Report:

Cost: $12,085

RD-3529 (DSB-192) New Number 55220+6
Title of Project: Evaluation of the Ultrasonic Binaural Sensor

Grantee Agency: Arkansas Enterprises for the Blind

RD-3529 (DSB-192) New Number 55220+6 *(Continued)*
2811 Fair Park Blvd.
Little Rock, Arkansas 72204
Project Director: Allan L. Ward, Ph.D.
Interest Category: Equipment
Dates of Project: 1970
Final Report:
Cost: $33,539

RC-64 (DSB-193) New Number 55296+9
Title of Project: Optical-to-Tactile Image Conversion for the Blind
Grantee Agency: Stanford Research Institute
333 Ravenwood Avenue
Menlo Park, California 94306
Project Director: James C. Bliss, Ph.D.
Interest Category: Equipment
Dates of Project: 1969
Final Report:
Cost: $75,000

RD-3703 (DSB-194) New Number 55030+2 (pilot)
Title of Project: Man's Humanity to Man – A Legal Philosophical Approach to Evaluation of Rehabilitation Programs for Blind Persons and Others
Grantee Agency: Industrial Home for the Blind
57 Willoughby Street
Brooklyn, New York 11201
Project Director: George Keane
Interest Category: Personnel
Dates of Project: June 1, 1969 – May 31, 1970
Final Report:
Cost: $20,000

RD-3710 (DSB-195) New Number 55292+9 (pilot)
Title of Project: Touring Exhibition for the Partially Sighted and Blind
Grantee Agency: California Arts Commission
1108 14th Street
Sacramento, California 95814
Project Director: Albert Gallo and Sachko, Dianne
Interest Category: Prevocational-processes
Dates of Project: February 1, 1970 – January 31, 1971
Final Report: Gallo, Albert and Sachko, Dianne. *Development and Implementation of the California Arts Commission's Touring Gallery for the Sighted and the Blind.* Unpublished Final Report. 1971.
Cost: $25,000

RD-3711 (DSB-196) New Number 55155+4
Title of Project: Planning Study of Enhancement of Grade II Braille Translation
Grantee Agency: University of Kentucky Research
Bowman Hall, University of Kentucky
Lexington, Kentucky 40506
Project Director: Russell E. Puckett
Interest Category: Equipment
Dates of Project: March 1, 1970 – February 28, 1971
Final Report: *Enhancement of Grade 2 Braille Translation.*
Cost: $22,963

RD-3715 (DSB-197) New Number 55132+3
Title of Project: New Approaches to the Delivery of Total Services for Blind People
Grantee Agency: Virginia Commonwealth for Visually Handicapped
3003 Parkwood Avenue
Richmond, Virginia 23221
Project Director: William T. Coppage
Interest Category: Vocational
Dates of Project: March 1, 1970 – February 28, 1971
Final Report:
Cost: $22,582

RD-3741 (DBS-198) New Number 55094+3
Title of Project: Braille Codes Pilot Project
Grantee Agency: American Printing House for the Blind
1839 Frankfort Avenue
Louisville, Kentucky 40206
Project Director: Dr. Carson Y. Nolan
Interest Category: Equipment
Project Dates: June 15, 1970 – June 30, 1971
Final Report:
Cost: $23,948

REHABILITATION SERVICES ADMINISTRATION
TRAINING PROJECTS – REHABILITATION OF THE BLIND
FY 1970 and 1971

RSA GRANT OR CONTRACT	SPONSOR	PROJECT DIRECTOR	SUBJECT
44-P-15029/3-05	American Assoc. of Workers for the Blind Washington, D. C. 20005	John L. Naler	Rehabilitation of the Blind
44-P-05034/1-08	Boston College Chestnut Hill, Mass. 02167	John R. Eichorn	Rehabilitation of the Blind (Mobility Instruction)
44-P-45066/9-04	California State College 5151 State College Drive Los Angeles, Calif. 90032	Robert A. Eisenberg	Rehabilitation of the Blind (Mobility Instruction)
44-P-25063/5-07	Southern Illinois University Carbondale, Illinois 62901	Louis Vieceli	Rehabilitation of the Blind (Placement)
44-P-25093/5-09	Western Michigan University Kalamazoo, Michigan 49001	Donald Blasch	Rehabilitation of the Blind (Mobility and Home Teaching)
44-P-25176/5-01	Hadley School for the Blind Winnetka, Illinois 60093	Donald Wing Hathaway	National Training Institute on Special and Secretarial Occupations for the Blind
44-P-25178/5-01	Cleveland Society for the Blind 1909 E. 101st Street Cleveland, Ohio 44106	Cleo B. Dolan	Training of Supervisory Business Enterprises Personnel
44-P-15137/3-01	Virginia Commonwealth University Richmond, Virginia 23220	Richard E. Hardy	Orientation of Newly Hired Professional Staff

SUMMARY OF TRAINING GRANTS AWARDED
REHABILITATION OF THE BLIND
FY 1970 – 1971

Institute	FY 1970	FY 1971
IN-SERVICE TRAINING GRANTS		
Arizona Services for the Blind (44-P-45103/9)	$ 1,000	$ 1,039
Arkansas Rehab. Services for the Blind (44-P-30073/6)	2,900	3,100
Conn. Board of Ed. and Services for the Blind (44-P-05058/1)	1,251	1,235
Delaware Comm. for the Blind (44-P-15098/3		1,205
Fla. Council for the Blind (44-P-20119/4)	5,800	
Idaho Commission for the Blind (44-P-50034/0)	1,400	1,500
Iowa Commission for the Blind (44-P-35047/7)	2,200	2,200
Kansas State Dept. of Social Welfare (44-P-35048/7	1,650	1,650
Maine Dept. of Health and Welfare (44-P-05060/1)	781	
Mass. Commission for the Blind (44-P-05067/1)	1,725	1,362
Michigan State Dept. of Social Welfare (44-P-25148/5)	2,522	2,876
Minn. Services for the Blind (44-P-25150/5)	2,700	2,876
Miss. Rehab. Div. for the Blind (44-P-20123/4)	4,400	4,400
Mo. Div. of Welfare, Bur. for the Blind (44-P-35051/7)	2,800	2,800
Montana Div. of Blind Services (44-P-40043/8)	1,600	1,680
Nebraska Dept. of Services for the Blind (44-P-35053/7)	1,300	
Nevada Services to the Blind Division (44-P-45108/9)	1,500	1,500
New Hampshire Div. of Blind Services (44-P-05069/1)		
New Jersey Commission for the Blind (44-P-10119/2)		4,248
New Mexico Services for the Blind (44-P-30076/6)	780	780
North Carolina State Commission for the Blind (44-P-20126/4)	4,774	
Ohio Dept. of Public Welfare (44-P-25172/5)		3,604
Pennsylvania Office for the Blind, Dept. of Public Welfare (44-P-15102/3)		4,960
Rhode Island Div. of Services for the Blind (44-P-05063/1)	1,430	1,406
South Carolina Commission for the Blind (44-P-20129/4)	2,300	2,300
South Dakota Services for the Blind & Visually Handicapped (44-P-40046/8)	1,300	1,365
Tennessee Rehab. for the Blind (44-P-20124/4)	4,400	4,400
Texas Commission for the Blind (44-P-30079/6)	5,200	5,850
Vermont Div. for the Blind and Visually Handicapped (44-P-05064/1)	337	2,000
Virginia Commission for the Visually Handicapped (44-P-15104/3)	1,540	1,100
Washington State Dept. of Public Assistance (44-P-50036/0)	1,000	
New York Commission for the Blind (44-P-10117/2)		5,616
TOTAL	58,590	64,176

Institute	FY 1970	FY 1971
LONG-TERM		
American Assoc. of Workers for the Blind (44-P-15029/3)	$29,750	$29,750
Boston College (44-P-05034/1)	161,496	161,821
Calif. State College at Los Angeles (Los Angeles State College Foundation) (44-P-45066/9)	95,328	95,101
Southern Illinois University (44-P-25063/5)	36,937	36,937
Western Michigan University (44-P-25093/5)	209,961	220,761
TOTAL	$531,472	$544,370
SHORT-TERM		
Boston College (44-P-05034/1)	$ –	$ 5,550
The Cleveland Society for the Blind (44-P-25178/5)	–	9,375
The Hadley School for the Blind (44-P-25176/5)	–	11,500
Michigan State University (44-P-25076/5)	9,270	–
Nebraska, University of (44-P-35041/7)	9,942	–
Southern Illinois University (44-P-25063/5)	29,766	29,766
Texas Tech College (44-P-30061/6)	17,395	–
Texas, University of (44-P-30067/6)	6,200	–
Virginia Commonwealth University (44-P-15137/3)	23,635	15,100
TOTAL	$ 96,208	$ 71,291

U.S. OFFICE OF EDUCATION RESEARCH PROGRAMS FOR VISUALLY HANDICAPPED

Bureau of Education for the Handicapped-Division of Research

Project Number: 7-1167
Title: Adaptation and Evaluation of an Informal Reading Inventory for the Blind
Grantee: Southern Illinois University
Carbondale, Illinois
Principal Investigator: Allen Berger
Focus: Tests and Measures
Date of Project: 2/2/68-1/31/69
Final Report: Not Available
Cost: $26,506

Project Number: 7-1185
Title: The Development of an Expanded Reading Code for the Blind Part II
Grantee: University of Louisville
Louisville, Kentucky
Principal Investigator: Emerson Foulke
Focus: Instrumentation, Materials, Instructional-Methods
Date of Project: 9/1/67-8/31/70
Cost: $106,415

Project Number: 7-0533
Title: Study of Man-Machine Communications Systems for Disabled Persons
Grantee: Cybernetics Research Institute
Washington, D.C.
Principal Investigator: Haig Kafafian
Focus: Instrumentation, Materials, Instructional-Methods
Date of Project: 6/5/67-8/19/72
Interim Report: ED 025 890
Final Report: Not Available
Cost: $1,632,995

Project Number: 7-1112
Title: Proposal for Research and Development of Tactile Facsimile Reading Aid for the Blind
Grantee: Stanford University
Stanford, California
Principal Investigator: John G. Linvill and James C. Bliss
Focus: Instrumentation
Date of Project: 2/1/68-1/31/72
Cost: $1,321,294

Project Number: 7-1254
Title: The Development of Accelerated Speech as a Useful Communication Tool in the Education of Blind and Other Handicapped Children
Grantee: University of Louisville
Louisville, Kentucky

Project Number: 7-1254 *(Continued)*
Principal Investigator: Emerson Foulke
Focus: Tests and Measures, Instrumentation, Materials
Date of Project: 5/1/68-4/30/71
Cost: $198,043

Project Number: 8-0046
Title: Aural Study Systems for the Visually Handicapped
Grantee: American Printing House for the Blind
Louisville, Kentucky
Principal Investigator: Carson Nolan
Focus: Pupil Characteristics Materials, Instructional-Methods
Date of Project: 2/1/68-1/31/72
Cost: $211,435

Project Number: 8-0144
Title: A System for Compact Storage of Information on Magnetic Tape Readable by Touch as Braille Characters by Means of a Portable Reading Machine
Grantee: Argonne National Laboratory
Argonne, Illinois
Principal Investigator: Arnold P. Grunwald
Focus: Instrumentation
Date of Project: 6/6/68-3/5/72
Cost: $150,352

Project Number: 14-2147
Title: An Experimental Home Teaching Program for Preschool Deaf Blind Children
Grantee: Frederic Burk Foundation for Education
San Francisco, California
Principal Investigator: Philip Hatlen
Focus: Pupil Characteristics
Date of Project: 6/1/69-11/30/72
Cost: $208,244

Project Number: 31-2028
Title: Proposal to Design, Fabricate, and Evaluate a Braille Learning Aid
Grantee: Bio-Dynamics, Inc.
Cambridge, Massachusetts
Principal Investigator: Charles R. Budrose
Focus: Instrumentation, Materials, Instructional-Methods
Date of Project: 12/1/68-11/30/70
Final Report: Not Available
Cost: $112,455

Project Number: 32-2108
Title: An Educational Program on Behalf of Blind Infants and Young Children
Grantee: University of Michigan
Ann Arbor, Michigan
Principal Investigator: Selma Fraiberg

Project Number: 32-2108 *(Continued)*
Focus: Tests and Measures
Date of Project: 1/15/69-1/14/72
Cost: $217,617

Project Number: 42-2134
Title: The Development and Evaluation of a Behavioral Examination of Children with Severe Multiple Disabilities
Grantee: Syracuse University
New York, New York
Principal Investigator: W. Scott Curtis and Edward J. Donlon
Focus: Pupil Characteristics, Tests and Measures
Date of Project: 2/1/69-1/31/72
Cost: $122,028

Project Number: 42-2151
Title: Development of Standards and Evaluation Criteria for the Production of Reading Materials for the Blind and Visually Handicapped
Grantee: National Accreditation Council for Agencies Serving the Blind and Visually Handicapped
New York, New York
Principal Investigator: Ray L. Troutman
Focus: Public-Information
Date of Project: 4/1/69-12/31/72
Cost: $83,790

Project Number: 58-2127
Title: Education and Vocational Aids for the Blind
Grantee: West Virginia University
Morgantown, West Virginia
Principal Investigator: Im-Meei Neou
Focus: Instrumentation
Date of Project: 6/1/69-5/31/71

Project Number: 14-2250
Title: Concrete Augmentation for Teaching Mathematics to Blind Children
Grantee: San Francisco State College
Daly City, California
Principal Investigator: Philip H. Hatlen
Focus: Materials
Final Report: Not Available
Date of Project: 2/1/71-8/31/70
Cost: $8,061

Project Number: 20-2267
Title: A Demonstration of Reader Services for the Visually Impaired Utilizing the Telephone as the Medium
Grantee: Atlanta Public Schools 224 Central Avenue
Atlanta, Georgia
Principal Investigator: Ernest L. Bentley
Focus: Instructional-Methods
Date of Project: 2/2/70-2/1/73
Cost: $261,574

Project Number:	56-2154
Title:	School-Related Perception in Handicapped Children
Grantee:	University of Virginia Charlottesville, Virginia
Principal Investigator:	Elizabeth C. Thomas
Focus:	Pupil Characteristics, Tests and Measures
Date of Project:	6/15/69-12/15/70
Final Report	Not Available
Cost:	$9,683

NATIONAL EYE INSTITUTE

Grants Related to Blindness Currently Active

Grant Number: EY 00005
Title of Project: Studies in Physiological Optics
Grantee Agency: Johns Hopkins University
Baltimore, Maryland
Project Director: Louise Sloan, Ph.D.
Interest Category: Physiological Optics
Dates of Project: 9/1/70 8/31/71
Cost: $22,293

Grant Number: EY 00194
Title of Project: Visual Sensitivity in Normal and Abnormal Retina
Grantee Agency: The Retina Foundation
Boston, Massachusetts
Project Director: Ernest Wolf, Ph.D.
Interest Category: Retinal Function
Dates of Project: 9/1/70 8/31/71
Cost: $32,284

Grant Number: EY 00204
Title of Project: The Etiology of Reduced Vision Function
Grantee Agency: Washington University
St. Louis, Missouri
Project Director: J. M. Enoch, Ph.D.
Interest Category: Physiological Optics
Dates of Project: 9/1/70 8/31/71
Cost: $40,770

Grant Number: EY 00239
Title of Project: Biochemical Studies on Lens Cataract Formation
Grantee Agency: University of Arkansas
Little Rock, Arkansas
Project Director: Calvin Hanna, Ph.D.
Interest Category: Biochemistry
Dates of Project: 2/1/71 1/31/72
Cost: $15,030

Grant Number: EY 00244
Title of Project: The Lipids in Experimentally-Induced Cataract Formation
Grantee Agency: Baylor University
Houston, Texas
Project Director: Gerald L. Feldman, Ph.D.
Interest Category: Ocular Biochemistry and Physiology
Dates of Project: 6/1/70 5/31/71
Cost: $34,800

Grant Number: EY 00250
Title of Project: Diabetic Retinopathy
Grantee Agency: Johns Hopkins University
Baltimore, Marlyand
Project Director: Arnall Patz, M.D.

Grant Number: FY 00250 (Continued)
Interest Category: Morphology and Retinal Sequelae of Diabetes
Dates of Project: 9/1/70 8/31/71
Cost: $32,850

Grant Number: EY 00277
Title of Project: Studies of Carriers of Inherited Retinal Disorders
Grantee Agency: University of Chicago
Chicago, Illinois
Projects Director: Alex E. Krill, M.D.
Interest Category: Genetics and Hereditary Transmission
Dates of Project: 1/1/71 12/31/72
Cost: $20,976

Grant Number: EY 00300
Title of Project: Diabetic Retinopathy
Grantee Agency: University of Wisconsin
Madison, Wisconsin
Project Director: Matthew D. Davis, M.D.
Interest Category: Demography, Physiology and Therapy
Dates of Project: 9/1/70 8/31/71
Cost: $49,609

Grant Number: EY 00304
Title of Project: Cataracts
Grantee Agency: Harvard University
Boston, Massachusetts
Project Director: Jin H. Kinoshita, Ph.D.
Interest Category: Histochemistry
Dates of Project: 8/6/70 7/31/71
Cost: $23,719

Grant Number: EY 00356
Title of Project: Congenital Cataracts and Associated Anomalies
Grantee Agency: Yeshiva University
New York, New York
Project Director: Estelle Geller, D.V.M.
Interest Category: Genetics, Metabolism, Pathology
Dates of Project: 5/1/69 4/30/71
Cost: $9,110

Grant Number: EY 00361
Title of Project: Nutrition's Long-Term Role in Cataract Development
Grantee Agency: UCLA School of Medicine
Los Angeles, California
Project Director: W. Jann Brown, M.D.
Interest Category: Nutritional Biochemistry
Dates of Project: 5/1/70 4/30/71
Cost: $22,904

Grant Number: EY 00432
Title of Project: Hereditary and Environmental Factors in Blindness
Grantee Agency: University of Louisville
Louisville, Kentucky
Project Director: William C. Edwards, M.D.

Grant Number: EY 00432 (Continued)
Interest Category: Hereditary and Heuristic Correlation of Blindness and Mental Retardation
Dates of Project: 2/1/71 1/31/72
Cost: $14,682

Grant Number: EY 00474
Title of Project: Parasites as Causes of Blindness
Grantee Agency: Colorado State University
Fort Collins, Colorado
Project Director: Robert W. Davis, D.V.M.
Interest Category: Parasitology and Pathology
Dates of Project: 6/1/70 5/31/71
Cost: $51,262

Grant Number: EY 00523
Title of Project: Sensory Disease Clinical Research Center
Grantee Agency: University of Chicago
Chicago, Illinois
Project Director: Frank W. Newell, M.D.
Interest Category: Biophysiology, Pharmacology
Dates of Project: 10/1/70 8/30/71
Cost: $81,111

Grant Number: EY 00533
Title of Project: Studies of the Macula Lutea in the Aged Eye
Grantee Agency: Jewish Home and Hospital for the Aged
Project Director: Abraham L. Kornzweig, M.D.
Interest Category: Etiology, Heredity, Physiology
Dates of Project: 1/1/71 12/31/71
Cost: $14,315

Grant Number: EY 00555
Title of Project: Cataract and Lens Deterioration Due to Maturation
Grantee Agency: Wills Eye Research Institute
Philadelphia, Pennsylvania
Project Director: Audrey L. Harris
Interest Category: Physiology, Protein Synthesis, Biochemistry
Dates of Project: 6/1/70 5/31/71
Cost: $23,194

Grant Number: EY 00572
Title of Project: Genetic Studies of Tapeto-Retinal Degenerations
Grantee Agency: University of Geneva
Project Director: David Klein, M.D.
Interest Category: Genetics, Biochemistry, Hematology
Dates of Project: 6/1/69 8/31/71
Cost: $6,250

(Continued)

Grant Number: EY 00633
Title of Project: New Gene Delaying Blindness in Retinal Dystrophy
Grantee Agency: Harvard University
Boston, Massachusetts
Project Director: Richard L. Sidman, M.D.
Interest Category: Genetics, Pathology
Dates of Project: 10/1/70 9/30/71
Cost: $54,959

Grant Number: EY 00692
Title of Project: Comparative Study of Glaucoma
Grantee Agency: George Washington University
Washington, D.C.
Project Director: Mansour F. Armaly, M.D.
Interest Category: Physiology and Pharmacology
Dates of Project: 9/1/70 8/31/71
Cost: $40,997

Grant Number: EY 00695
Title of Project: Outpatient Clinical Research on Glaucoma
Grantee Agency: George Washington University
Washington, D.C.
Project Director: Mansour F. Armaly, M.D.
Interest Category: Physiology, Genetics
Dates of Project: 9/1/70 8/31/71
Cost: $44,295

U.S. VETERANS ADMINISTRATION, PROSTHETIC AND SENSORY AIDS SERVICE RESEARCH ON AIDS FOR THE BLIND

Eugene F. Murphy, Ph.D.
Chief

Prepared by: Howard Freiberger
Electronics Engineer

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New York, N.Y. 10001

This summary was prepared May 15, 1971 for use in the AAWB Annual. The data are supplementary to similar materials appearing in earlier issues of the Annual. Only active projects are mentioned here. The "Total Cost" entry shows the cumulative cost from the inception date indicated to January 15, 1971. The "FY '70 Cost" is the amount expended between July 1, 1969 and June 30, 1970. These costs, representing reimbursements to research contractors, are not always the same as obligation of funds to be made available to the contractors.

Continuation Projects

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005M-1253	Outputs for Reading Machines 4/1/57 to present Total Cost: $464,924 FY '70 Cost: $ 68,186	Haskins Laboratories, Inc. 270 Crown Street New Haven, Connecticut 06510	F.S. Cooper, Ph.D. J. Gaitenby	To study audible outputs for reading machines for the blind and to develop the psychoacoustic, linguistic, phonetic, electronic, and mechanical details necessary to achieve a first-rate output, i.e., some form(s) of machine-made speech not too different from natural speech.
V1005M-1914	Sensory Aids Subcommittee 3/31/65 to present Total Cost: $ 23,575 FY '70 Cost: $ 6,600	National Academy of Sciences 2101 Constitution Ave., N.W. Washington, D.C. 20037	Dr. R.E. Hoover Chairman A.B. Wilson, Jr. Exec. Director CPRD	To provide advisory and consulting services regarding research programs in aids for the blind and for the deaf. To arrange meetings of specialists in appropriate fields and to publish minutes.
V1005M-1943	Personal-Type Reading Machines 9/12/58 to present *Total Cost: $943,182 FY '70 Cost: $134,017	Mauch Laboratories, Inc. 3035 Dryden Road Dayton, Ohio 45439	H.A. Mauch G.C. Smith	To develop a reading machine for the blind which is relatively portable, capable of independent use at higher reading speeds than possible with the optophone, and sufficiently low in cost that it may be ac-

Continuation Projects (Continued)

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
	*Includes $74,905 for 30 Visotoners and 10 Visotactors delivered to VA in 1969.			quired by an individual blind person. A prototype of the recognition machine with spelled-speech output was operated successfully in 1968. Three advanced models called Cognodictors were completed for evaluation in 1970. Optophone-type developments have also resulted from this work. The Visotoner with audible output, and the Visotactor "B" with tactile output are examples. A multicolumn tactile instrument called the Digitactor is in the planning stage.
V1005M-9217	Obstacle Detectors for the blind 6/6/61 to present *Total Cost: $341,022 FY '70 Cost: $ 23,105 *Includes $45,000 for 10 Laser Typhlocanes delivered to VA in 1969.	Bionic Instruments, Inc. 221 Rock Hill Road Bala Cynwyd, Penna. 19004	J.M. Benjamin T.A. Benham D.R. Bolgiano N. Ali	To develop a typhlocane employing materials of superior mechanical properties, and fitted with three gallium arsenide laser systems: one to probe space ahead at the head and shoulders height to give warning of impending overhanging obstacles: a second to range ahead to give early warning through a tactile indicator of obstacles beyond cane reach: the third to monitor the terrain to give early warning of large dropoffs like stairwells and platform edges. A first operating model was demonstrated in Dec. 1966, an improved two-section collapsible model was built in 1967, and ten of the latest model were delivered in 1969 for use in mobility clinical application test programs. Some work is also being done on use of new materials for ordinary and collapsible non-electronic typhlocanes.

Continuation Projects (Continued)

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
V1005P-977-A	Correspondence Courses – Training of Blind and/or Deaf-Blind 8/18/67 to present Total Cost: $14,193 FY '70 Cost: $ 6,380	Hadley School for the Blind 700 Elm Street Winnetka, Illinois 60093	D.W. Hathaway M. Butow	To develop, validate, and administer correspondence courses for training of blind and/or deaf-blind persons in the use of personal-type reading aids.
V1005P 5321	Spelled Speech 11/1/60 to present Total Cost: $58,479 FY '70 Cost: None	Metfessel Laboratories Los Angeles, Calif. 90043	M.L. Metfessel, Ph.D. (Deceased) C. Lovell, Ph.D.	To develop an audible output for a reading machine for the blind operable on a letter-by-letter basis. The final contract-termination report has not yet been completed, but it is estimated it will be by Fall 1971.
INTRA-VA	Staff work in VA, R&D Div., PSAS	Research and Development Division Prosthetic and Sensory Aids Service 252 Seventh Avenue New York, N.Y. 10001	E.F. Murphy, Ph.D. H. Freiberger	The work of the Division includes INFORMATION DISSEMINATION (Papers in professional journals, correspondence with others in the field, maintenance of a reference collection, bibliographic activity, publication of a bulletin, arranging conferences, presenting talks),CONTRACT SUPERVISION, PLANNING, SUPERVISION OF CLINICAL APPLICATION PROGRAMS, and limited inhouse RESEARCH.
INTRA-VA	Clinical Application Program in Reading and Mobility Aids for the Blind 7/1/67 to present Total Cost: $43,695 FY '70 Cost: $13,706	Central Rehabilitation Section for Visually Impaired and Blinded Veterans VA Hospital Hines, Ill. 60141	J.D. Malamazian H.L. Lauer L. Farmer J. Whitehead	To transfer research results to clinical practice as rapidly as feasible; to train veterans and staff in the use of these new devices; to obtain information about the devices to aid in improving new designs.

Continuation Projects (Continued)

PROJECT NUMBER	IDENTIFICATION DURATION AND COST	ACTIVITY ADDRESS	PRINCIPAL PERSONNEL	PURPOSE
INTRA-VA	Clinical Application Program in Reading and Mobility Aids for the Blind 12/1/70 to present Cost data not yet available.	Western Blind Rehabilitation Center VA Hospital Palo Alto Calif. 94304	L.E. Apple W. Ekstrom R.R. Bennett	To transfer research results to clinical practice as rapidly as feasible; to train veterans and staff in the use of these new devices; to obtain information about the devices to aid in improving new designs.

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THE BEST OF THE PAST
FOR THE PRESENT:

NUMBER EIGHT OF A SERIES
OF REPRINTS

JOHANN WILHELM KLEIN: A PORTRAIT

By Berthold Lowenfeld, Ph.D.

Johann Wilhelm Klein was born in the small town of Allerheim near Nördlingen, Germany in 1765. After the normal studies in the Gymnasium (secondary school), he centered on jurisprudence and entered a judicial career in his country's government. In 1796 the French occupation and its effects upon his official work induced him to give up his position, as Mell stated in his Encyclopedia of Work for the Blind, because "the sternness required in some cases was not compatible with his character, gentle by nature." (1) An early publication of Klein, *About Poverty, Abolition of Begging, and Care of the Poor* (1792), brought him a call to Vienna where he began in 1799 his work as a district supervisor of the poor. This brought him in contact with the blind and led him to play later the most decisive role in the education of the blind among the German-speaking people of Europe.

Similar to Haüy, about whose work he was, according to all indications not informed, Klein began his efforts in the education of the blind by taking into his family a young blind boy, Jakob Braun, who had captivated his heart and with whom he started his educational work on May 13, 1804. This date is regarded as the founding day of what later became the Imperial Royal Institute for the Education of the Blind in Vienna. Already in 1805 Klein demonstrated most successfully the achievements of his pupil before an official Commission. This gave his pioneering efforts a considerable boost, financially as well as in prestige. The number of his pupils increased steadily and his undertaking moved from Klein's home into ever larger quarters. In 1816 it was officially appointed as a governmental institute and in 1820 the director and all teachers were accepted as government employees. Klein recognized that education was only a part of society's obligation toward the blind and must be followed by employment. Under great difficulties he succeeded in 1826 in establishing, independent from the Institute for the Education of the Blind, an Institute for the Care and Employment of the Blind. Klein remained in his position as Director of the Imperial Royal Institute for the Education of the Blind practically until his death in 1848. The Institute was involved in the revolutionary battles of that year and the aged Klein succumbed as a result of the excitement connected with this revolution.

Among the three great founding fathers of the education of the Blind – the French Valentin Haüy, the American Samuel Gridley Howe, and the German-Austrian Johann Wilhelm Klein – the latter was the most prolific writer. While Haüy was mainly the technician (see his "An Essay on the Education of the Blind" in *Blindness 1967*, pp. 179-199), Howe the sociologist (see his "Address" in *Blindness 1965*, pp. 165-188), Klein had throughout his writings a psychological orientation.

Curiously, two of these founding personalities expressed doubts about residential schools as the only instrumentality for the education of blind children. Howe has indicated them freely and most concisely in his already mentioned "Address at the Laying of the Cornerstone for the New York State Institution for the Blind, 1866."

Klein's attitude toward residential schools and the way he thought they should function – mainly as master-demonstration centers – will be brought out in the translation presented here.

Klein's first publication in the field of the blind was *Description of a Successful Experiment to Educate Blind Children for Civil Usefulness*, published in 1805. Klein realized early, in 1810, that only a fraction of all blind children could be admitted to the residential institute and began to advocate education of blind children in the local public schools. He was supported in these efforts by the government, but the general objection to this plan was that there was no way to make teachers knowledgeable about blind children and their needs. This moved Klein to write his most important work *Lehrbuch zum Unterrichte der Blinden* (Textbook on the Education of the Blind), (2) published in 1819. In its pages practically all problems related to the education of blind children are discussed. It contains valuable psychological facts, subtle observations, to be sure always in the form of practical knowledge of human nature and not in systematic presentation. (3)

In 1837 Klein published his second great work *Geschichte des Blinden-Unterrichtes* (History of the Education of the Blind). (4) It reports not only on the educational institutions in Germany but also in other countries and was for many decades the only authoritative source on this topic. It also deals with international statistics of the blind, one of the earliest efforts in this respect. As a result of his interest in history he founded the Museum of Work for the Blind which was a unique collection of Blindiana, containing naturally as its main objects a collection of Klein's products and creations. Later, it stimulated the creation of a similar museum at Perkins School for the Blind in Watertown, Massachusetts. The Vienna Museum was completely destroyed at the end of the Second World War.

Like Haüy and Howe, Klein did not fathom the importance of braille and did not react favorably to the approach which Braille himself initiated in a personal letter. Klein considered the needle-stamp writing which he had invented and perfected the most suitable writing and reading medium for the blind and indeed it became internationally known and widely used for many decades. It is an ironical fact that Braille's letter to Klein was written in Klein's needle-stamp print.

Klein wrote many less voluminous works, among them one dealing with ways in which adult blind people can be provided for and find employment (1826), another presenting songs for and by the blind (1847), and one entitled *Gymnastik für Blinde* (Gymnastics for the Blind), 1847. The most important of the lesser works are the two publications from which excerpts will be presented here *Anleitung zur Zweckmässigen Behandlung Blinder Kinder von der Frühesten Jugend an in dem Kreise Ihrer Familien und in den Schulen Ihrer Wohnorte* (Wien: K. K. Blinden-Institut, 1836, 48 pp.) and *Anleitung Blinden Kindern die Nöthige Bildung in den Schulen Ihrer Wohnorte und in dem Kreise Ihrer Familien zu Verschaffen* (Wien: A. Strauss & Sommer, 1845, 64 pp). The titles of both books can be translated as follows: Guide to Provide for Blind Children the Necessary Education in the Circle of Their Families and in the Schools of Their Home Communities. Both books have as supplements tangible alphabets and the second also contains the life stories of twelve blind men and women to demonstrate their outstanding achievements. Among them are: Maria Theresia von Paradis, the Viennese pianist, singer, and "socialite" who also inspired Haüy; Jakob Braun, the first pupil of Klein, who became a highly skillful craftsman, particularly in fine woodwork; Joseph Kleinhanns of Nauders in Tirol, a well-known sculptor and woodcarver; Johann Knie, who founded the first school for the blind in Breslau, Germany in 1819, and Joseph Gattermayer, who worked as a farmer and vintner in Lower Austria.

As will be seen from the translations, Johann Wilhelm Klein was convinced that the solution for the problem of providing education for *all* blind children was in their placement in local public schools. With this idea he was far ahead of his time and though it did not succeed at that time, many of Klein's concepts are valid and were taken up again when local public school education began to be developed in the United States and forerunners of it in some European countries.

But before turning to the translations, regrettably the first into English, one essential side of Klein's personality needs to be emphasized – his personal warmth and tender feelings for all the blind with whom he came into contact. His contemporary, Johann Knie, reported about him: "Not only his tall and noble stature, but even more the unchangeable mildness of his friendly behavior and of his whole character bear the undeniable stamp of pure human and Christian dignity; I like to leave it undecided whether it will be interpreted more as a praise or as a blame when I express the opinion that my friend seemed to me almost too kind and mild toward the seeing as well as toward his blind people." (5)

Whether Klein was influenced by his contemporary Friedrich Froebel (1782-1852), the founder of the kindergarten movement, could not be ascertained, but he certainly anticipated many of the ideas that Montessori proposed almost 100 years later. Klein has been compared with Pestalozzi, the great Swiss pedagogue, in many of his ideas, his professional ethics, and in his intensely humane characteristics. For these the blind in turn revered him and called him affectionately, "Father Klein."

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5. Quoted from: Bauer, J. I., *op. cit.*, p. 37.

GUIDE FOR A SUITABLE TREATMENT OF BLIND CHILDREN FROM THEIR EARLIEST YOUTH ON IN THE CIRCLE OF THEIR FAMILIES AND IN THE SCHOOLS OF THEIR HOME COMMUNITIES*

by Johann Wilhelm Klein

(Translated by Berthold Lowenfeld, Ph.D.)

From the Foreword.

The reason for this publication is the sad experience that blind children, in addition to the misfortune of missing one of the most important senses, have their disadvantages increased by a total lack of education as well as by wrong treatment. Such neglect during the early years of life frequently demands of the teacher who later takes over a blind child even greater obstacles to overcome than the original impairment.

Causes and effects of blindness in general.

When parents have received the sad assurance that their child is blind, they can be consoled by the example of many who in spite of their impairment have become useful and happy members of human society.

Every blind person can achieve a level of education according to his natural capabilities and conditions. Great as the disadvantage of lack of sight is, a greater cultivation of the remaining senses can largely make up for it. If it amazes people who can hear, that a deaf person can read quickly and correctly the spoken word from the movements of the speech organs, the seeing find it almost unbelievable how far a blind person can go in the refinement of smell, hearing, and particularly touch. Through smell he can differentiate things that to us do not smell at all. Through hearing he recognizes people, even after a long time, according to their steps and their voices and learns to play various musical instruments. His senses are so fine that, even when running, he notices a few steps ahead obstacles in his path and avoids them. This feeling shows itself particularly in his fingertips which therefore have been called the ten eyes of the blind. With them he reads embossed print and can distinguish even the smallest differences in characteristics of various objects. Not so rarely as is commonly believed, do blind people achieve dexterity in manual work equal to the seeing. They invent themselves all kinds of devices with the help of which they can perform as well as those who rely upon their sight. . . . Blind people have a particular aptitude to become teachers of others who are blind, not only in manual skills but also in academic and scientific subjects.

Treatment of a blind child during his first years of life.

The mind of a seeing child receives already in his first year of life a great multitude of impressions through sight. All these the blind child lacks and his parents hope in vain that he will smile at them or reach out longingly for some object. He appears to be dead for the outer world. So that his mind may not be left unoccupied, one has to provide more impressions through touch and hearing. For this purpose one must put into his hands various objects that he can easily enfold, and those should be changed according to their material or form; for instance, one should give him sometimes rough and smooth, sometimes round and angular pieces of wood; sometimes something hard or something soft, etc. This way qualities of form and material will become for the blind child what colors are for the seeing. At the same time one should talk often and in a friendly way with him; the seeing child can see the love of his parents in their eyes, the blind child should hear it in their voices – but not in laments about his condition. It is a cruel compassion that tells the unhappy person who does not know how much he misses, what he misses by useless commiseration. Furthermore, one should for the blind child sing and play, if possible on an instrument, happy and soft melodies. Also various sound producing playthings should be put into his hands.

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*Excerpts from the book published in Vienna, 1836 by the Imperial Royal Institute for the Blind.

Bodily performances of blind children in general.

When the child is sufficiently developed for walking and other bodily performances, the main rule is *to treat him as far as possible like a seeing child.* With those blind children who are poor, this is mostly enforced by necessity and for this reason they are as a rule healthier, more skillful and stronger than those of wealthy parents. Compassion with their condition increases tender parental feelings but often leads to unwise pampering that makes the child even more unhappy. He is carried around more frequently and longer than other children and when he has finally learned to walk by himself, he is guided in his every step. Since there is not always somebody available to do this for him, he is forced to spend most of his time sitting around. Also, he is dressed and his food is shoved into his mouth, when he would be long able to do this and other things for himself. One cannot do a greater kindness to a blind child than to get him used to helping himself as early as possible in all his self-care.

Getting about freely in his immediate environment.

Blind children can learn to walk just as soon as seeing ones, only they have to be led around in the beginning more frequently than the others. Also, they must be encouraged to lift their feet from the floor because otherwise they may get used to lifting them up very high or not at all. At the same time they should become used to holding their forearm in front of them when walking so that they protect themselves from injury. Mostly blind children tend, out of fear of hurting themselves, to move about only in small circles. Therefore, one should first guide them along the four walls of their livingroom and let them touch everything along these walls and walk around any object where necessary. After that, one should place them here and there in the room and ask them to find the table, the stove, the door, etc. When a child has thus become familiar with his livingroom, he should be led from there gradually to all other parts of the house and from each one of them back again to the livingroom as well as to the other rooms with which he has already become acquainted. In doing all this, his attention must be called to the beginning of any stairs or other openings into which he might fall. It is best to put certain warning signals near to such openings. With stairs he should be taught to pay attention to the number and height of the steps and to hold on to the railing. The latter could be marked with a tangible sign to indicate that their end is close. When the blind child is oriented in his house, he should be led around in its immediate neighborhood and the area for his moving about should be gradually widened. When he is 4-5 years old, it should not be difficult for him to find from his house other houses, though he should not leave the immediate surroundings of his home without a guide. On the street he should, instead of his forearm, hold a small stick in front of him, in order to become aware of things in his path. Since a blind person cannot learn bodily posture from the example of others, he should be instructed about this. This holds especially true for holding up his head, that many blind people bend forward and thus expose most to injury in case of any collision. Besides that the blind child should practice bending over, mainly by asking him to pick up things which have been dropped close to him. When bending over toward the floor to search for something or pick it up, he should be shown that besides bending at the middle of his body, he must also bend his knees. Otherwise his head will get down too far and his position will become insecure. He will also need some advice on how to sit down on chairs and other seats. He should get used to going over with his hand the place on which he is about to sit down in order to find out whether anything is located there, though he should be careful not to sweep off anything that might be on the seat.

Use of the hands.

The hands are of special importance to the blind child. They must replace to a large extent his eyes and their neglect during childhood can later be made up only with difficulties, if at all. With a blind child who has remained inactive until his tenth year, the hands take on a quite peculiar shape. The fingers remain very short, the bones thin, and the whole hand unusually small and limp. With the omission of all grasping, the muscles that are used to bend the finger joints inward are not exercised and strengthened. Thus the fingers can be bent far backwards toward the back of the hand. Such a neglected hand is more like a leather glove than like the admirable tool of nature which can create the greatest and finest works of art. The educator of such a blind individual is doubly hampered because his pupil's hands must in most instances replace his eyes, and because reading as well as other scientific information can only be gained through their use. It takes years to make up in mechanical handskill what has been neglected during early youth. While mental education often makes quick progress, it demands great effort to overcome the difficulties that lie in the clumsiness of the body, and particularly the hands. Therefore, it is urgently necessary to motivate the blind child as early as possible to make use of his hands. For this purpose one should give him, like any seeing child, his doll and show him especially how to dress and undress it. Wooden animals and similar playthings he will enjoy not less than other children and at the same time he will exercise his hands in playing with them.

Once he can move about freely in the home, or at least in his room, he should be asked to fetch a variety of things. He should also be encouraged to keep his clothing and other things in the proper places, to unwind yarn, to fold linen and to perform similar work. Furthermore, one should not be too afraid to let him use knives and other tools with his hands, just as soon as other children, of course with the necessary caution, and one should also let him cut, hammer, etc.

For his eating, one should give him a deep tin plate, the upper edge of which is bent inward so that it will be easier for him to get his food on the spoon. In order to make it easier for him to learn to dress himself, everything superfluous should be left out on his clothing that should be as simple as possible, particularly without any tying or fastening in the back.

Prevention of bad habits.

Of course, blind children must like all others be taught to pay attention to those things which decency and modesty require. Everything that has been banned as indecent because of vision is not indecent for the blind. Therefore, they need more advice and patience in this respect than seeing children. Besides that, they are also inclined to develop bad habits, particularly if they are plagued by boredom. Some gesticulate with their hands and feet, others distort their faces in a disagreeable way; some use their fingers to press their eyes out of the socket, and others push their shoulders up or hold their heads and chests too far forward. Many blind people keep their mouths slightly open in order to sharpen their hearing, but this gives them a stupid look. Such habits are not infrequently the reason why the blind person who is so much in need of love is avoided by others. Therefore, one must prevent these in time, because in general it is easier to prevent than to get rid of a habit. This is doubly true for the blind who are as a rule quite persevering. In addition, the blind person who cannot be stimulated by vision and who is thus used to gaining pleasure from feeling objects is more liable than others to involve himself in the vice of masturbation that weakens body and soul. Exercise and occupation can prevent this most effectively.

Sensory and intellectual exercises.

Once a blind child can walk, he will soon point out by himself what needs to be done to cultivate his mind. He will observe by touch all objects in his environment and like seeing children will ask many questions about them. One should never impatiently refuse to answer but should inform him about the shape, the material, the production, and the use of these objects. Likewise he will ask where the sounds come from when he hears the noises and sounds of animals and this also will open a wide field of useful information. He will soon differentiate domestic animals according to their noises and one should let him, with the necessary caution, touch them so that he can form a concept of them, and also tell him about their usefulness, their food, etc. Gardens, woods, and other locations offer various opportunities for similar informal instruction. As much as the blind child can gain from such occasional experiences, one cannot let it rest with them but must also intentionally cultivate his mind and train the four remaining senses that are left to the blind. Although *taste* is sufficiently practiced by eating and drinking, it is at least necessary to tell the child what is called sweet, sour, tart, etc. *Smelling* is practiced most suitably by letting the blind individual distinguish various flowers by their odor; later one can give him less distinctly smelling objects so that he can discover whether and what kind of odor they have and learn to distinguish them from each other, e.g. soap, tallow, wax. More important is the best possible training of the sense of *hearing.* We have already recommended for that purpose the playing and singing of simple melodies during the first years of life. One should continue with this and combine with it further exercises. Specifically, one should call the child's attention to the various sounds made by coins of silver, gold or copper, by little pieces of iron, tin, sheet metal, glass, wood, pebbles, etc. when they are dropped. Besides that, one should teach him to determine by hearing whether what has been dropped is a larger or smaller piece of the same material. Also the distance at which someone is standing can be estimated by hearing. One can practice this by letting the child move away about three counted steps and speaking to him from that distance. Then he should move away a further number of steps and again be talked to and so forth until he can determine by the way the voice comes to him approximately how far away the person is located. There is proof that some blind persons can judge these distances most accurately, and also can conclude correctly how big a room is from the sound that is made by a voice in the closed room. Even more important than hearing is feeling for the blind, that insofar it is located in the fingertips is called sense of touch. This is the one that must be mainly cultivated. For this purpose one should not only let the blind child feel with his fingertips the surface of things with which he comes in contact, but teach him also to recognize the material of which things of the same shape consist. One should put into his hands pieces of wood, glass, stone, metal, etc., of the same shape and ask him what difference he feels in touching them; one should name the material of which the piece is made and should let him feel differently shaped pieces of the same material. The same procedure should be used with equally sized pieces of linen, woolen material, cotton, silk, etc. The objects that are used for such practices should be collected in one container and they constitute a collection of the most varied things, a veritable "Allerlei" (everything). In particular, there should not be missing: pebbles, glass, lead, triangles and quadrangles of wood, cardboard, and sheet-metal (tin); wire of iron and brass, pieces of various kinds of wood, differently shaped stones, samples of fine and rough wool cloth, linen, silk, cotton, different leather and similar items. This collection should be continuously enlarged, and such items as different kinds of grain and leguminous plants should be added. The blind child can entertain himself with this collection pleasantly as well as to the advantage of his mental growth. One should ask him to pick out of the collection one or the other item, and to sort items according to their form, size, material, etc.

Appropriate items should furthermore be used to have the blind child practice estimation of *weight* and *measuring* of length and width. In order to let him learn the weight of an object, this should be put into one of his hands and a corresponding weight into the other. Regular pieces of weight can be used for this purpose, though the markings indicating the amount of the different pieces of weight should be such that the blind child can feel them. For measuring *yardsticks* should be used that have tangible wire markings for whole, half and quarter inches.

The child should describe in detail what he has observed and one should also describe to him such objects and let him guess from the described characteristics, what the object is.

Memory training.

The training of memory should not be neglected with any child and even less so with blind children who cannot like the seeing, help themselves with notes and by referring to books. Goom memory consists of quick comprehension (of the greatest variety), true conservation, and correct reproduction. Even a memory that is by nature weak can be trained through exercise for these purposes. To achieve this, there is no need for artificiality but rather for a purposeful step-by-step procedure. In the beginning, only a little memorization should be asked and only of such things that are not disagreeable to the child. One should avoid to have the child memorize something he does not understand at all and also one should not select in the beginning mere numbers and names for memorization. One should begin with short verses and proverbs which serve to refine the mind as well as the heart. Memorizing these can be made easier for the child and also more useful if they are further explained by stories for which material can usually be found in the textbooks.

There is no special care necessary to avoid in story telling or in any conversation with the blind references that are directly related to the visual sense. Blind persons who have learned to use their remaining senses adequately, have by this and by their always active attention and imagination acquired so much knowledge that they are just as acquainted with the daily things of life as the seeing, with the exception of *color.* It would be a useless effort to attempt to give the blind a conception of colors since these are a product of lightrays and therefore inaccessible to the blind.

In some cases, blind persons can recognize color by feeling the surface of an object. This, however, is due to the smoothness or roughness that is produced either by nature or by the coloring material and could not be done without it. This should not prevent one from talking about colors with the blind since they themselves use very often the term *see* and the colors of certain objects which they have learned from their conversations with the seeing. This falls under the before-mentioned general rule that blind people should be treated as much as possible like the seeing.

Schooling for blind children.

After the already described preparation through education at home and instruction in the basic elements, a blind child can with advantage attend the school of his home community. Even if the schoolteacher, due to the large number of seeing pupils or for other reasons, is not in a position to occupy himself with the blind child, the latter will simply by listening to the instruction learn more than one would believe. He can participate in the memory and intellectual exercises, in mental arithmetic, in language instruction, and in singing. When the other children read and the teacher gives explanations, the blind child listens and answers the questions which are up for discussion. Even during the instruction in writing blind children can be kept occupied by explanations of the language usage. When a sentence is dictated aloud, they can learn to memorize it. If the school is equipped with an apparatus to produce tangible lettering by needle stamps, the blind child can write the sentence at the same time as the seeing children do.

(J. W. Klein invented a needle stamp writing apparatus which consisted of a set of leaden stamps that have on the lower end pins arranged in the form of the various letters of the alphabet in reverse shape. These stamps are arranged on one side of the apparatus in alphabetical order. On the other side is a felt base over which paper is placed and the stamps are in a movable guide arranged from right to left according to the letters needed to form the intended word. The letters are then punched into the paper and produce on the reverse side a tangible line of needle-pricked print. *The translator.*)

When arithmetic is done on the blackboard and the problem is read aloud, it can often happen that the blind student who has some practice finds the solution mentally before it is reached on the blackboard.

It is none too early if the blind child is sent to school when he is 4 years old, particularly if the family can devote less time to him than would be desirable. The less distracted blind child is ready earlier for serious instruction than seeing children are. He feels earlier the urge to learn and enjoys going to school because this removes him from boredom that can produce a deadly effect on mind and body. In going to school he also becomes friendly with other children and this cheers up his life in many ways. With the assistance of his teacher the blind child can easily gain friends and guidance in school for his whole future life.

If in the future the education of blind children in their homes is improved according to the proposals made here, and if they are early enrolled in their local schools, they can spend their childhood years under their parental care. In their more mature years they may for some time be accepted at an Institution for the Blind where they can be instructed in those subjects that are proper for the blind only and where they can acquire the work skills for which they are suited. This will enable them to earn their living in the future.

GUIDE TO PROVIDE FOR BLIND CHILDREN THE NECESSARY EDUCATION IN THE SCHOOLS OF THEIR HOME COMMUNITIES AND IN THE CIRCLE OF THEIR FAMILIES*

By Johann Wilhelm Klein

(Translated by Berthold Lowenfeld, Ph.D.)

Introduction.

There is no doubt that the blind, like other rational human beings, are entitled to education. Earlier it was considered that the degree to which they can be educated was very limited. This was due to the assumption that the blind cannot be successful because they lack the sense which is most important in the acquisition of knowledge and in the pursuit of useful occupations. From time to time there were in all countries blind people who achieved a remarkable degree of scientific learning and others who excelled by their mechanical dexterity. They were, however, considered as extraordinary phenomena that cannot be explained on the basis of normal natural processes. Only for the last 60 years, when special attention began to be given to the blind and their education and special institutions were founded for that purpose, have people become convinced that all the blind are educable. Instructional media that are geared to their condition make it possible to impart to them intellectual and mechanical knowledge and skills that minimize their misfortune and turn them into useful members of the human society.

Till now it was believed that this beneficial aim can only be achieved by means of special institutions where special artificial aids were invented and applied for the education of the blind, and that the regular means of education for seeing children were not applicable to or sufficient for the blind. These special Institutions for the Blind, of which there are to the present twenty in German countries either in existence or in formation, owe their origin to a large extent to individual men who selected this calling by preference and who found everywhere encouraging appreciation and participation on the side of philanthropists. The attention given to this charitable objective by which one of the most important sufferings of mankind finds relief, is general. Philanthropists of all classes and positions participate in these blessed undertakings in the interest of the blind.

However, the future of the unfortunate blind, whose numbers are greater than is commonly believed, must not be left solely to a perhaps quickly passing attraction of newness and the charitable intentions of individual philanthropists for the benefit of a few blind. The assistance given to the blind must in the future extend to all the blind. For this the Institutions for the Blind, as they exist at present, are not sufficient and to enlarge them adequately would demand disproportionate extraordinary expenses. Furthermore, almost all Institutions for the Blind are located in cities while the largest number of the blind live in rural areas. Thus, admission to an Institution for the Blind moves them into conditions which are unsuitable and of no future usefulness to them. Only if the blind are educated and occupied within their own families and instructed in the schools of their home communities will it be possible to provide for *all the blind* a level of education that is suited to their circumstances.

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*Excerpts from the book published in Vienna, 1845, by A. Strauss & Sommer.

It will take considerable time until a sufficient number of school teachers become competent to instruct the blind children who live in their district and to give parents guidance in their proper treatment. Therefore, it must be hoped that the authorities will at an early date proceed with the necessary preparations to put into effect these salutary measures for the best of the suffering mankind.

(J. W. Klein quotes later in a footnote the following decree of the Imperial Royal Austrian government of December 30, 1842 for which he as the top official concerned with educational provisions for blind children was most likely responsible: "According to experiences the existing Institutions for the Blind are insufficient to accept all the blind who are in need of education. Those who are accepted must as a rule be removed from their home conditions and be transferred into an environment strange to them until then. There they become acquainted with desires and habits of a kind which they cannot satisfy after they have left the Institute. Therefore, the need is obvious that education of blind children according to their circumstances be provided in their parental home and in the school of their community and that education of the blind be whenever possible incorporated into the regular institutions for the people's education, the public schools (p. 26)." *The translator.*)

Means toward a greater spread of education for the blind.

The means by which education of the blind can become more commonly spread and made available without special costs to *all* the blind is:

That education of the blind be transplanted into the families and into the local schools.

Everybody will agree that children in their tender years, especially blind children who are so much in need of help, are best cared for in their parental homes under motherly care; and if the regular schools suffice for their education, why should they be removed from their homes and placed in costly institutions that can accommodate scarcely the sixtieth part of those who are in need of education?

The means proposed here to make education of the blind more generally accessible are not new but have been proposed by the author and others on frequent occasions. Why education of the blind remained confined to the few Institutions for the Blind that can be considered only as rare and costly proofs for the education of the blind, appears to be mainly supported by two points:

1. That the objective was considered more difficult than it actually is, and

2. that so far a sufficient number of teachers capable of teaching the blind was not available.

So far as the first point is concerned, the equipment of the Institutions for the Blind and the way in which they conduct their instruction give the best evidence. With the exception of those institutions whose intentional aim it is to show striking results or to introduce higher scientific subjects that are not fitting for the blind in general, education of the blind is really simple. It is so simple and so close to the way of teaching the seeing that anybody who has dedicated himself to teaching can with a few easy resources become capable of teaching the blind in most regular school subjects. The instruction in mechanical subjects is somewhat more difficult but is best furthered by the desire to learn and by the zeal that most of the blind possess. As a result of this number of craft teachers of pupils in institutions have stated that they like to instruct a blind apprentice and find it equally as easy as a seeing one.

The second point, namely the lack of teachers for the blind, is already in part canceled by what was stated about the preceding point concerning the school subjects. — As with many other *unusual* and *untried* things, once one takes courage to begin them, the rest happens by itself. Of course for the future it cannot be left to chance whether a single man dedicates himself to teaching the blind as his favorite pursuit and builds with the private assistance of others an institution for that purpose; education of the blind must be added to public education and put under the control and responsibility of governmental administration. The necessary preparations for this will be discussed in the subsequent sections.

Education of school teachers for the instruction of the blind.

Most important and indispensible for every kind of education are teachers who have the knowledge necessary for teaching their specialty. For more than 50 years methods for teaching the blind have been developed and improved in the Institutions for the Blind by manifold trials. These institutions are the planting grounds where anyone who wants to devote himself to this branch of teaching can acquire the necessary knowledge for it. In order to incorporate the future education of the blind into the regular provisions for the people's education, it is necessary that all those who want to become school teachers must study methods of educating the blind. For this purpose they should spend the time required for it in an Institution for the Blind or in one that serves the same purpose. Thus the Institution for the Blind will in the future not only serve the education of blind children but also the education of beginning school teachers in order to enable them to teach the blind children who live in their school district. This can become effective most promptly where an Institution for the Blind and a *Teachers Academy* are available *in one* locality because the candidates can be assigned for definite hours to spend at the Institution for the Blind so that they can acquire the kind of teaching practiced there. If the Institution for the Blind and the Academy are in different locations, either some candidates can, as their turn comes, be transferred for the required time to the Institution for the Blind, or some blind pupils can be lodged at the place of the Academy for the purpose of practice teaching.

If there should be an Institution for the Blind but no Teachers Academy, then the beginning school teacher should have the opportunity — and this should be compulsory — to spend at the Institution for the Blind the time required to learn their method.

Finally, if there should be a country or province that has neither an Institution for the Blind nor a Teachers Academy, it would be advisable to send a young man of the teaching profession to a neighboring, well-equipped Institution for the Blind so that he can there be instructed to become an efficient teacher of the blind. After his return, he can assume responsibility for the instruction of a few blind children and thus he can, securely employed on the teaching staff, function as a *master* teacher for the education of the blind. All beginning school teachers of the district should then be referred to him to learn the education of blind children. These are the ways in which — without any considerable cost, and in the future when all school teachers have acquired skill in the education of the blind without any cost – gradually all the blind can acquire an education according to their condition and their circumstances.

Concerning the time and the subjects for the education of the blind.

If we would deal only with the instructional part of regular school subjects as duties of a beginning teacher, only a short time would be required as already indicated. This is so because one can count upon it that most of the blind have a good mental capacity, are eager to learn, and have a good memory. Even the reading of tangible type requires, in view of the simple aids invented for that purpose, no great expenditure of time. However, since every teacher of the blind will in the future be on his own and function as an educator replacing the Institution for the Blind, it becomes necessary for him to know to deal with the blind and how to be most effective in influencing them.

He should learn to counteract the natural bodily awkwardness of the blind, to show them proper posture and expedient use of the limbs and train them in it. He must guide the parents of blind children how they can treat their children, from their earliest age on, in a purposeful way and how they can train them for easy household work. If they want to learn in their middle years some trade, the teacher must show their crafts-master how to deal with his blind apprentice in order to be best understood by him and to instruct him most effectively.

In order to acquire the necessary skills in all these subjects, a minimum period of 2 years is required which the beginning school teacher must spend in the Institution for the Blind to prepare himself for his future profession. In the course of this time he will also have an opportunity to learn himself one or the other of the major trades that are offered by the Institution, e.g. basketry and lathe work. This will be very useful to him in teaching the blind and also personally.

Instruction of the parents of blind children.

Most parents of blind children have the prejudice that their children are unable to learn because of their blindness. Therefore, they neglect their domestic instruction and training at home, treat 8-10 year old blind children like infants, dress and undress them, and even push the food into their mouths. This causes these unhappy blind children to become so helpless and awkward that they often turn out to be useless for their whole future life. The same prejudice also prevents parents from sending their blind child to school where he could learn a good deal simply by listening. Such parents must be advised by clergymen and school teachers about their erroneous ideas, and must be induced to visit an Institution for the Blind so that they can convince themselves that blind children can be taught successfully. – It must be tried to teach the blind children themselves things that are easy to perform and they must be encouraged to exert efforts to master their helpless and awkward behavior. This will encourage them to activate their mind and body. Thus it will happen that the parents will learn from their blind children themselves to let them take part in easy activities and to remove them from their inactivity which is sad and disadvantageous for both sides.

The parents, of whom fortunately most have a special predilection for their blind child, are favored in these new arrangements by the fact that they do not have to release their children from their care and attention while they receive their education.

Arrangement of Institutions for the Blind to become, in the future, Model-Institutions for the Education of the Blind in general.

Up to the present, the main purpose of Institutions for the Blind consisted of educating a number of the blind children for some years and instructing them in subjects suitable to their condition. In this it was left to chance whether one or the other person of the teaching profession would on his own ask to attend classes at the Institution in order to acquire a knowledge of methods of teaching practiced there. This knowledge remained largely incomplete because such persons used to dedicate themselves, without definite prospects, only for a short time and only for incidental hours to this task which involves such a high degree of practical experience. If in the future all beginning school teachers are obligated to acquire a knowledge of the education of the blind at the Institution for the Blind, those Institutions must incorporate into their aims and arrangements as a main objective the *education of future teachers of the blind* and be elevated to *Model Schools* for this branch of education.

In order to achieve this aim, Institutions for the Blind must engage efficient master teachers, they must procure the necessary apparatus and teaching aids, and they must introduce a regular definite course of study based on past experiences. As a result of the official recognition of and interest in the Institutions for the Blind, they will gain from the public the necessary confidence and assistance.

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